## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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).

2011

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Inspection Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number **IBC RETIREMENT SAVINGS PLAN** (PN) ▶ 001 1c Effective date of plan 01/01/2002 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number INTERWEST BENEFIT CONSULTANTS, INC. 91-1055754 (EIN) 2c Sponsor's telephone number 360-425-1426 959 11TH AVE., STE. B LONGVIEW, WA 98632 2d Business code (see instructions) 541990 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 91-1055754 INTERWEST BENEFIT CONSULTANTS, INC. 959 11TH AVE., STE, B LONGVIEW, WA 98632 3c Administrator's telephone number 360-425-1426 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **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 annual examination and report of an independent qualified public accountant (IQPA) Yes 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. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 1049585 1073604 Total plan assets..... 7a 7b Total plan liabilities..... 1049585 1073604 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 19180 (1) Employers ..... 8a(1) 34809 (2) Participants ..... 8a(2) 9753 (3) Others (including rollovers)..... 8a(3) -19723 **b** Other income (loss)..... 8b 44019 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 20000 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 20000 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 24019 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) .....

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Form	5500	-SE	201	1

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Part IV	Plan	Characte	ristics

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

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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c	Χ				1	100
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				
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				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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						
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con	nnlete	School	lula CD	(Form			
					П	Yes	1 >
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code							× N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instru	e or se	ction 3	302 of E	ERISA?	[	Yes z	<b>1</b> 1
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver.	e or se	ction 3	302 of E	ERISA?	[	Yes z	g I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instru	e or se	and e	302 of E	ERISA?	[	Yes z	y I
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver.  Mor you 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.  Enter the amount contributed by the employer to the plan for this plan year.	e or se	and e	302 of Eenter the Day _	ERISA?	[	Yes z	g
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver.  More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13d.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left)	e or se	and e	12b 12c 12d	ERISA?	if the le	Yes z	g
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver.  Mor you 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.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	e or se	and e	12b 12c 12d	ERISA?	if the le	Yes [	× N
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver.  Mor you 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.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	e or se	and e	12b 12c 12d	ERISA? e date o	f the le	Yes [	g
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver.  Mor you 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.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Will Plan Terminations and Transfers of Assets  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.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	e or se	and e	12b 12c 12d Y	ERISA? e date o	f the letar Yea	Yes [	9 N/
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se	and e	12b 12c 12d Y	ERISA? e date o	f the letangle Year	Yes	g N/
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belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/22/2012	DENISE J. GABEL
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/22/2012	DENISE J. GABEL
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

TBC Retirement Savings Plan  1c Effective date of plan ol/31/2002  2 Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)  Interwest Benefit Consultants, Inc.  2 Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)  (EIN 91-105575  2 Plan sponsor's teleph  (36D) 425-1426  2 Business code (see in 541.990  3 Plan administrator's name and address (if same as plan sponsor, enter "Same")  Same  3 Administrator's teleph	on to Public ction  O1.  Ion Number  154  Inhone number  16  Instructions)
This form is required to be filed under sections 104 and seed to the Employer of the Employer plan of CERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).  **Pendion Benefit Geurinty Corporation**  **Pendion Benefit Geurinty Corporation**  **Pendion Benefit Gueranty Corporation**  **Pendion Ben	on to Public ction  O1.  Ion Number  154  Inhone number  16  Instructions)
Parallel Report Identification Information  For the calendar plan year 2011 or fiscal plan year beginning  A This return/report is for.  A single-employer plan  A this return/report is for.  This return/report is:  The first return/report is:  The first return/report  Th	olan  on Number  54  shone number  66  Instructions)
Annual Report Identification Information  or the calendar plan year 2011 or fiscal plan year beginning  A This return/report is for:  B This return/report is:  the first return/report  an a multiple-employer plan (not multiemployer)  a one-participant plan  This return/report is:  an amended return/report  and address include return/report  by DFVC program  The Check box if filling under:  Form 5558  automatic extension  DFVC program  DFVC program  The Threst-dight plan number  (PN) b 00  1c Effective date of plan  of 1/11/2002  2a Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)  Interwest Benefit Consultants, Inc.  2b Employer Identification  (EIN 91-105575  (EIN 91-105575  2c Plan sponsor's teleph  (360) 425-1426  2d Business code (see in 541990  3b Admir/sistrator's teleph  3c Admir/sistrator's teleph	01 ion Number 54 whone number 26 Instructions)
For the calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and entiting 21/01/2011 and e	01 ion Number 54 ihone number 26 Instructions)
A This return/report is for.    A single-employer plan   the final return/report   the final return/report   a short plan year return/report (less than 12 months)   DEVC program	01 ion Number 54 ihone number 26 Instructions)
an amended return/report a short plan year return/report (less than 12 months)    C Check box if filling under:   Form 5558   automatic extension   DFVC program	n Number 754 shone number 6 Instructions)
an amended return/report a short plan year return/report (less than 12 months)    Form 5558	n Number 754 shone number 6 Instructions)
C Check box if filling under:    Form 5558   submitted extension     Special extension (enter description)	n Number 754 shone number 6 Instructions)
Special extension (enter description)   Paint   Basic Plan Information enter all requested information.   1b Three-digit plan number (PN)   1b   00	n Number 754 shone number 6 Instructions)
1a Name of plan  TBC Retirement Savings Plan  TBC Retirement Savings Plan  1c Effective date of plan  01/ 01/2002  2a Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)  Interwest Benefit Consultants, Inc.  2b Employer Identificatio  (EIN 91-105575  2c Plan sponsor's teleph  (360) 425-1426  3c Admiristrator's name and address (if same as plan sponsor, enter "Same")  Same  3b Admiristrator's teleph  3c Admiristrator's teleph	n Number 754 shone number 6 Instructions)
1a Name of plan  TBC Retirement Savings Plan  TBC Retirement Savings Plan  1c Effective date of plan  01/ 01/2002  2a Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan)  Interwest Benefit Consultants, Inc.  2b Employer Identificatio  (EIN 91-105575  2c Plan sponsor's teleph  (360) 425-1426  3c Admiristrator's name and address (if same as plan sponsor, enter "Same")  Same  3b Admiristrator's teleph  3c Admiristrator's teleph	n Number 754 shone number 6 Instructions)
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Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) Interwest Benefit Consultants, Inc.  2b Employer Identification (EIN 91-105575 2c Plan sponsor's teleph (360) 425-1426 2d Bushess code (see in 541990  US Longview WA 98632 3b Administrator's liN Same  3c Administrator's teleph	hone number 6 Instructions)
Plan sponsor's name and address; include from or suite number (amployer, including support of the support of th	hone number 6 Instructions)
959 11th Ave., Ste. B  2d Business code (see in Same)  US Longview WA 98632  3a Plan administrator's name and address (if same as plan sponsor, enter "Same")  Same  3b Administrator's teleph	Instructions)
959 11th Ave., Ste. B  US Longview WA 98632  3a Plan administrator's name and address (if same as plan sponsor, enter "Same")  Same  3b Administrator's EIN  3c Administrator's teleph	Instructions)
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US Longview WA 98632  3a Plan administrator's name and address (if same as plan sponsor, enter "Same")  Same  3b Administrator's EIN  3c Administrator's teleph	shone number
3a Plan administrator's name and address (if same as plan sponsor, enter "Same") Same  3c Administrator's teleph	thone number
3C Administrator's teleph	phone number
	onone namber
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.  4C PN	
a Sponsor's Name  5a Total number of perticipants at the beginning of the plan year	<u>5</u>
Total number of participants at the end of the plan year	
C. Number of participants with account balances as of the end of the plan year (defined panerit plans on not	6
	X Yes No
b. Assume eleming a weiver of the annual examination and report of an independent qualified public accountant (IQPA)	X Yes No
under 20 CFP 2520 104-462 (See instructions on waiver eligibility and conditions.)	E1.00
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
Partiti Financial Information (a) Beginning of Year (b) End of Y	Year
7- 1.049.585	1,073,604
a Total plan assets	
D Total plan liabilities	1,073,604
C Net plan assets (subtract line 7b from line 7a)	tal
Contributions received or receivable from:	
(1) Employers	
(2) Participants	
(3) Others (including rollovers)	21
D Other income (loss)	44,019
d Renefits paid (including direct rollovers and insurance premiums	
to provide benefits)	en de la companya de La companya de la co
Certain deemed and/or corrective distributions (see Instructions)     8e	
Administrative service providers (salaries, fees, commissions)	
g Other expenses	20,000
Total expenses (and lines do, de, oi, and dy)	24,019
Net Income (loss) (subtract line on Form line oc).	Marchell Magazini
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.	rm 5500-SF (2011)

	Form 5500-SF 2011	Page	<u> 2-                                   </u>		_		
Part	W Plan Characteristics			•••			
On II	the plan provides pension benefits, enter the applicable pension feature	codes from the List of	Plan Chare	cteristic Co	des in the i	ns ructions:	
	A- AT AV AB AB						
Ьπ	the plan provides welfare benefits, enter the applicable welfare feature of	odes from the List of P	lan Charac	teristic Coo	es in the in		
Part	Compliance Questions				T 1		
10	During the plan year.				Yes No	_ ^	mount
а	Was there a failure to transmit to the plan any participant contributions was CER 2510 3-1022 (See instructions and DOL's Voluntery Fiduciary C	Correction Program)		, . 10a	×		
þ	Were there any nonexempt transactions with any party-in-interest? (Do on line 10s.)	not include transaction	s reported	10ь	x		
С	Was the plan covered by a fidelity bond?			10c	х		110,000
ď	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?	bond, that was cause	d by fraud	· · 10 <u>d</u>	×		
е	Were any fees or commisions paid to any brokers, agenta, or other persinsurance services or other organization that provides some or all of the	ons by an insurance of benefits under the pla	arrier, n? (See	10e	×		
	instructions.)  Has the plan failed to provide any benefit when due under the plan?			10f	x		
f	•				×		
g	Did the plan have any participant loans? (If "Yes," enter amount as of years this is an individual account plan, was there a blackout period? (See in			,,,,,		715170000000000000000000000000000000000	
h	2520.101-3.)			10h	<u> </u>		
i	If 10h was answered "Yes," check the box if you either provided the req exceptions to providing the notice applied under 29 CFR 2520.101-3	dired hotica di one ci i		10i		in the second	4.000
Pan	Wi Pension Funding Compliance					<u> </u>	
11	Is this a defined benefit plan subject to minimum funding requirements 5500))			<u> </u>	<u> </u>	i	Yes X No
12	Is this a defined contribution plan subject to the minimum funding requi	rements of section 412	2 of the Coo	de or sectio	n 302 of EF	RIS A? .	. Yes XNo
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.	)					
a	If a walver of the minimum funding standard for a prior year is being an granting the walver			. Month	d enter the	ck: te of the lett Day	ter ruling Year
	Enter the minimum required contribution for this plan year				12	ь	
b						c	
ç	Enter the amount contributed by the employer to the plan for this plan y Subtract the amount in line 12c from the amount in line 12b. Enter the				12:		
d	negative amount)				. 12	Yes	□No □N/A
e	Will the minimum funding amount reported on line 12d be met by the fundamental plan Terminations and Transfers of Assets	Home describer					
ATMINE PALL	1000				<del></del>		Yes X No
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 emplo				13	<del>                                 </del>	
	Were all the plan assets distributed to participants or beneficiaries, tran		n or brough	ht under the	control		
D	of the PRCC2						. Yes X No
C	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	nis plan to another plar	n(s), identify	y the plan(s	) to		
	13c(1) Name of plan(s):		ı		1 <u>3c(</u> 2	2) (EIN(s)	13c(3) PN(s)
		311 b assessed uni		nable raut	o is establ	lis vad.	
Cau	ion: A penalty for the late or incomplete filing of this return/report	will be assessed dit	ined this re	turn/mont	including 1	familicable a	Schedule
SBc	er penalties of perjury and other penalties set forth in the Instructions, I de r Schedule MB completed and signed by an enrolled actuary, as well as t f, It is true, correct, and complete.	ciare that I have exam he electronic version o	of this return	n/report, and	d to the bes	t of my knowle	dge and
		6/21/12	Denise	J. Gabe	al		
<b>S</b>	RE Signature of plan administrator	Date	****			sa plan admin	istrator
(900)		6/21/12		J. Gabo			
<b>S</b>	RE Signature of amployer/plan sponsor	Date				as employer o	r plan sponsor
(c) ( b) -							