Benefit Pin           Description is down low		Form 5500-SF			Report of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089	
Duranteend (two: Product names)         Description (1 0000)         Description (2 0000)         This Form is Open to Public Inspection           Part I A This seturin Report Learning (1 0000)         1 0 mighte all entries in accordance with the instructions to the Form 5500-557.         This form is Open to Public Inspection           A This seturine to the instruction of the open report heighter all entries in accordance with the instructions to the Form 5500-557.         and ending 1 0 20100000000000000000000000000000000			_		2011			
Description         Inspection           Part I         Annual Report Identification Information         and ending         12031/2011           Proclained pays av2010 Tritler plays and project plan         and ending         12031/2011         a one-participant plan           B         This return/report is         and ending         12031/2011         a one-participant plan           B         This return/report is         and ending         12031/2011         a one-participant plan           C         Check box if fling under:         an anomode deturn/report         a hort plan year trutm/report (ses thun 12 months)         DPVC program           Image data         an anomode deturn/report         a hort plan year trutm/report (ses thun 12 months)         DPVC program           Image data         This return/report is         in the first return/report         Image data         DPVC program           Image data         Image data         Image data         DPVC program         0000           Image data         Image data         Image data         DPVC program         0000           Image data         Image data         Image data         DPVC program         0000           Image data         Image data         Image data         DPVC program         0000           Image data         Image data <th></th> <th></th> <th>SA), and sections 6057(b) and 6058(</th> <th colspan="3">058(a) of</th>			SA), and sections 6057(b) and 6058(	058(a) of				
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B       This return/report       In the final return/report       In the final return/report         C       Check box if filing under:       In the final return/report       In the final return/report       In the final return/report         C       Check box if filing under:       In the final return/report       In the final return/report       In the final return/report         Part III       Basic Plan Information—enter all requested information       Inter-excipting information       Inter-excipting information         28       Plant Basic Plan Information—enter all requested information       Inter-excipting information       Inter-excipting information         28       Plant Basic Plan Information—enter all requested information       Inter-excipting information       Inter-excipting information         29       Plant Sponzor's name and address; infolder noom or sulte number (employer, if for a single-employer plan)       Inter-excipting information       Inter-excipting information         700       112/11 AVE, NE, SUTE 300       Inter-excipting information       Inter-excipting information       Inter-excipting information         700       112/11 AVE, NE, SUTE 300       Inter-excipting information       Inter-excipting information       Inter-excipting information         700       112/11 AVE, NE, SUTE 300       Inter-excipting information       Inter-excipting information       Inter-excipting informatin				a multiple	-employer plan (not multiemployer)		a one-participant plan	
C Chuck box if lifting under: <ul> <li>Porm 6568</li> <li>general extension</li> <li>DFVC program</li> <li>peakel extension</li> <li>DFVC program</li> <li>peakel extension (enter description)</li> </ul> Ta Nume of pin              HumAnn RESOURCE NOVATIONS, INC. 401(K) PLAN               10             Three-digt             plan number		· .	the first return/report					
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Image: Construction of the plan spectral distribution (enter description)       Image: Construction of the plan spectra of the	С	Check box if filing under:		automatic	extension	,	DFVC program	
13 Name of plan       10 Three-digit       10 Dim number       003         14 Nume Source NOVATIONS, INC. 401(K) PLAN       10 Dim number       10 Dim number       003         16 Ze Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       20 Employer Identification Number       003         20 1127H AVE, NE, SUTT 300       22 Sponsor's telephone number       22 Sponsor's telephone number       22 Sponsor's telephone number         30 Plan administrator same and address (if same as plan sponsor, enter "Same")       3b Administrator's telephone number       3c2-4511410         24 If the name and/or EN IV in the plan sponsor has changed since the last return/report filed for this plan, enter the       4b EIN         4 If the name and/or EN IV of the plan sponsor has changed since the last return/report filed for this plan, enter the       4b EIN         5 Dotal number of participants at the edginning of the plan year       5a       25         5 Dotal number of participants at the edginning of the plan year       5a       25         5 Dotal number of participants at the edgin and report of an independent qualified public accountant (ICPA)       Yes No         6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes No       No         7 Plan Assets and Liabilities       7b       110       110       26         8 Wore all of the plan'sassets duri	•		special extension (enter descriptio	n)				
13 Name of plan       10 Three-digit       10 Dim number       003         14 Nume Source NOVATIONS, INC. 401(K) PLAN       10 Dim number       10 Dim number       003         16 Ze Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       20 Employer Identification Number       003         20 1127H AVE, NE, SUTT 300       22 Sponsor's telephone number       22 Sponsor's telephone number       22 Sponsor's telephone number         30 Plan administrator same and address (if same as plan sponsor, enter "Same")       3b Administrator's telephone number       3c2-4511410         24 If the name and/or EN IV in the plan sponsor has changed since the last return/report filed for this plan, enter the       4b EIN         4 If the name and/or EN IV of the plan sponsor has changed since the last return/report filed for this plan, enter the       4b EIN         5 Dotal number of participants at the edginning of the plan year       5a       25         5 Dotal number of participants at the edginning of the plan year       5a       25         5 Dotal number of participants at the edgin and report of an independent qualified public accountant (ICPA)       Yes No         6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes No       No         7 Plan Assets and Liabilities       7b       110       110       26         8 Wore all of the plan'sassets duri	Pa	rt II Basic Plan Inform		,				
(PN) ▶       003         2a Pian sponsor's name and address: include room or suite number (employer, if for a single-employer plan)       2b Employer identification Number (2b Employer identin Number (2b Employer identification Number (2b Employer idented	1a	Name of plan	·			1b		
Image: Construction of the second of the plan year         Image: Construction of the plan year         Image: Constente the plan year         Image: Constent y	HUM	AN RESOURCE NOVATIONS,	INC. 401(K) PLAN					
2a. Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)         2b Employer identification Number (EIN)           700 1127H AVE, NE, SUITE 300 BELLEVUE; WA 98004         2c Sponsor's telephone number 425-431-9410           3a Plan administrator's name and address (if same as plan sponsor, enter "Samer") HUMAN RESOURCE NOVATIONS, INC.         3b Administrator's EIN 700 1127H AVE, NE, SUITE 300 BELLEVUE, WA 98004         3b Administrator's EIN 700 1127H AVE, NE, SUITE 300 BELLEVUE, WA 98004         3b Administrator's EIN 700 1127H AVE, NE, SUITE 300 BELLEVUE, WA 98004           3c Administrator's EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the rame, EIN, and the plan number (for the lan year.         5a         25 5b           5a Total number of participants at the edginning of the plan year.         5a         25 5b         21 5c           6a Were at of the plan's spensor, has changed since the last return/report filed for this plan, enter the rame, EIN, and the plan number (for the plan year.         5a         25 5b         21 5c           6a Total number of participants that be end of the plan year.         5a         26         18 5c         18 5c           7a Total number of participants at the end of the plan year (defined benefit plants do not complete this item)         3ver at 0 the plan's sasets during the plan connot use Form 5500-SF and must instead use Form 5500.         Yes No           7a Total number of participants and report of an independent qualified public accountant (IOPA) worder 26 (TR 2620 10-44						1c		
HUMAN RESOURCE NOVATIONS, INC.       (Ein)       91-1485101         200 112TH AVE. NE, SUITE 300       2C Sponsor's bidghone number       425-451-4410         30 All Plan administrator's name and address (if same as plan sponsor, enter 'Same')       2d Business code (see instructions)         81 Jan administrator's name and address (if same as plan sponsor, enter 'Same')       3b Administrator's EIN         91 January       200 High Status       3b Administrator's EIN         92 January       200 High Status       3b Administrator's EIN         93 Data       200 High Status       200 High Status         94 January       200 High Status       200 High Status         94 January       200 High Status       200 High Status         94 January       200 High Status       200 High Status         95 January       200 High Status       200 High Status         95 January       200 High Status       200 High Status         96 January       200 High Status       200 High Status         97 January       200 High Status       200 High Status         98 January       200 High Status <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>								
700 112TH AVE. NE, SUITE 300       Image: Construction of the second of th	2a	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b		
200112TH AVE, ME, SUITE 300 BELLEVUE, WA 98004       225-851-9410         33       Plan administrator's name and address (if same as plan sponsor, enter 'Same') HUMAN RESOURCE NOVATIONS, INC.       33       Administrator's EIN 31-48610         34       Han administrator's name and address (if same as plan sponsor, enter 'Same') HUMAN RESOURCE NOVATIONS, INC.       33       Administrator's telephone number datasets (state as ponsor's name sponsor's name       35       Administrator's telephone number datasets (state as return/report filed for this plan, enter the name, EIN, and the plan number for the lat return/report.       45       EIN         54       Total number of participants at the ed of the plan year       5a       25         55       Total number of participants at the ed of the plan year       5a       25         66       Were all of the plan sasets during the plan year invested in eligible assets? (See instructions).       Yes Ne       Yes No         70       Part III       Financial Information       7a       1199955       956645         7       Plan Assets and Liabilities       7a       1199955       956645         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         7       Plan Assets and Liabilities       7a       1199955       956645         9       Income, Expenses, and Transfers for this Plan Year       (a) Amount	TION	AN RESOURCE NOVATIONS,	ino.		-	0.0		
BELLEVUE, WA 98004     2d Business code (see instructions) 813000       3a Plan administrator's name and address (if same as plan sponsor, enter "Same") HUMAN RESOURCE NOVATIONS, INC.     3b Administrator's EIN 91-1495101       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 number 425-451-9410       4     If the name and/or EIN of the plan sponsor has changed since the last return/report.     5a       5a Total number of participants at the beginning of the plan year.     5a       5a Total number of participants at the beginning of the plan year.     5a       6a 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       a Total plan basets.     7a     1195955       956645     7b     1195955       8a(2)     5570     956645       8 Income, Expenses, and Transfers for ths Plan Year     6a()     (b) Total       (c) Part III     Financial Information     8a(2)     5570       (a) Other (including oliveers)     8a(2)     5570       (b) Total     6a     26772       C total income (edd lines 8a(1), 8a(2), 8a(3), and 8b)     6a     277181       (c) Part III     Financial Information     6a()     2772181 <th></th> <th></th> <th></th> <th></th> <th></th> <th>20</th> <th></th>						20		
3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's EIN         HUMAR RESOURCE NOVATIONS, INC.       700 T12TH AVE: NE, SUTTE 300 BELLEVUE, WA 88004       3c Administrator's EIN         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number of participants at the beginning of the plan year       4c PN         5a Total number of participants at the beginning of the plan year       5a       25         5a Total number of participants at the end of the plan year       5a       2s         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       No         b Aver you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)       Yes       No         Part III       Financial Information       7a       (a) Beginning of Year       (b) End of Year         7       Pan hassets and Liabilities       7a       (a) Amount       (b) Total       956645         7       Total plan isbilities       7b       1195955       956645       956645         7       Pan isbilities       7b       1195955       956645         7       Total plan isbilities       7b       1195955       956645         8       (2) Partilign Planies						2d		
BELLEVUE, WA 98004       3C       Administrator's telephone number 425-451-9410         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       4b       EIN         5a       Total number of participants at the beginning of the plan year       5a       25         b       Total number of participants at the end of the plan year       5a       25         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       18         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Part III       Image: Part III       Image: Part III       No         7       Plan Assets and Liabilities       7a       1195955       966645         b       Total plan issets (subtract line 7b from line 7a)       7c       1195955       966645         6       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributors (including rollovers)       8a(2)       55570         (3)       Cher jian assets (subtract line 7b from line 7a)       8a(2)       55570         (3)       Cher jian assets (subtract line 7b from line 7a)       8a(2)       55570         (3)						3b	Administrator's EIN	
4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number from the last return/report.       4b EIN         4       If the name and/or EIN of the plan number from the last return/report.       5a       25         5a       Total number of participants at the beginning of the plan year.       5a       25         5b       Total number of participants at the end of the plan year.       5a       25         5b       21       5b       21         complete this item.       5c       18         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Sec       18         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Sec       18         7a       Independent qualified public accountant (IQPA)       Yes       No         M you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       19       Yes       No         7b       1199965       956645       956645       19       56645       56       19       199965       956645         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total       (b) Total       6       1990955	HUIVI	AN RESOURCE NOVATIONS, I			UTE SUU	3c	Administrator's telephone number	
armer, EIN, and the plan number from the last return/report.     4c     PN       a Sponsor's name     5a     25       5a Total number of participants at the beginning of the plan year     5a     25       5a Total number of participants at the end of the plan year     5a     25       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     18       6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     See instructions.)     Yes     No       b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)     Yes     No       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       7     Plan Assets and Liabilities     (a) Beginning of Year     (b) End of Year       7 total plan assets (subtract line 7b from line 7a)     7c     1195955     956645       b Total plan isslitties     7b     1195955     956645       c Net plan assets (subtract line 7b from line 7a)     7c     1195955     956645       b Total plan isslitties     8a(1)     (b) Total     (c) Total       c Contributions received or receivable from:     8a(2)     55570     (3) Others (including rollovers)     8a(2)     55570	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		name, EIN, and the plan numb						
b       Total number of participants at the end of the plan year       5b       21         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       18         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         inder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       Yes       No         Fy ou answerde "No" to either 6 as 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 iabilities.       7b       5       956645         b       Total plan iabilities.       7b       5       956645         contributions received or receivable from:       8a(1)       (a) Amount       (b) Total         (2) Participants       8a(3)       16777       30 Others (including rollovers)       8a       272181         b       Other income (loss) <th></th> <th>•</th> <th></th> <th></th> <th></th> <th>-</th> <th></th>		•				-		
C       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)				-				
complete this item)					-	5b	21	
b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Construction of the independent qualified public accountant (IQPA)         If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Form 5500-SF and must instead use Form 5500.         Part III       Financial Information       (a) Beginning of Year       (b) End of Year         7       Plan Assets and Liabilities       7a       1195955       956645         b       Total plan iassets (subtract line 7b from line 7a)	С			•		5c	18	
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       1195955       956645         b       Total plan liabilities.       7b	b							
Part IIIFinancial Information7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a1195955956645bTotal plan liabilities7b			<b>e</b> ,		,			
aTotal plan assets7a1195955956645bTotal plan liabilities7b	Pa				-	-		
aTotal plan liabilities	7	Plan Assets and Liabilities			(a) Beginning of Year			
CNet plan assets (subtract line 7b from line 7a)	а	Total plan assets		7a	1195955	$\square$	956645	
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       (b) Total         (1)       Employers       8a(2)       55570         (3)       Others (including rollovers)       8a(2)       55570         (3)       Others (including rollovers)       8a(3)       16777         b       Other income (loss)       8b       -26772         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       45575         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       272181         e       Certain deemed and/or corrective distributions (see instructions)       8e       12704         g       Other expenses.       8g       284885         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       284885         i       Net income (loss) (subtract line 8h from line 8c)       8i       -239310	b	Total plan liabilities		7b				
a Contributions received or receivable from:       8a(1)         (1) Employers       8a(2)         (2) Participants       8a(2)         (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       272181         e Certain deemed and/or corrective distributions (see instructions)       8e       12704         g Other expenses       8g       12704         g Other expenses (add lines 8d, 8e, 8f, and 8g)       8h       284885         i Net income (loss) (subtract line 8h from line 8c)       8i       -239310				7c	1195955		956645	
(1) Employers       8a(1)         (2) Participants       8a(2)         (3) Others (including rollovers)       8a(3)         (4) Dother income (loss)       8a(3)         (5) Other income (loss)       8b         (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (8) Dother income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (7) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (8) Dother income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         (9) Other expenses       8g         (1) Administrative service providers (salaries, fees, commissions)       8t         (1) Other expenses (add lines 8d, 8e, 8f, and 8g)       8h         (1) Notal expenses (add lines 8d, 8e, 8f, and 8g)       8h         (1) Notal expenses (add lines 8d, 8e, 8f, and 8g)       8t         (1) Notal expenses (add lines 8d, 8e, 8f, and 8g)       8t         (1) Notal expenses (add lines 8d, 8e, 8f, and 8g)       6t         (2) Notar t line 8h from line 8c)       8t         (2) Notar t line 8h from line 8c)       6t	-				(a) Amount	_	(b) Total	
(1) Full dependent       00(2)         (3) Others (including rollovers)	a			8a(1)				
b       Other income (loss)		(2) Participants		8a(2)	55570			
C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       45575         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       45575         C       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       272181         E       Certain deemed and/or corrective distributions (see instructions)       8e       6         f       Administrative service providers (salaries, fees, commissions)       8f       12704         g       Other expenses       8g       284885         i       Net income (loss) (subtract line 8h from line 8c)       8i       -239310		(3) Others (including rollovers)	)	8a(3)	16777			
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)		8b	-26772			
to provide benefits)       8d       272181         e       Certain deemed and/or corrective distributions (see instructions)       8e         f       Administrative service providers (salaries, fees, commissions)       8f       12704         g       Other expenses       8g       284885         i       Net income (loss) (subtract line 8h from line 8c)       8i       -239310	С			8c			45575	
e       Certain deemed and/or corrective distributions (see instructions)       8e         f       Administrative service providers (salaries, fees, commissions)       8f       12704         g       Other expenses	d		•	84	272181			
f       Administrative service providers (salaries, fees, commissions)       8f       12704         g       Other expenses	е	· ,						
g         8g           h         Total expenses (add lines 8d, 8e, 8f, and 8g)	f		, , ,		12704			
h         Total expenses (add lines 8d, 8e, 8f, and 8g)         8h         284885           i         Net income (loss) (subtract line 8h from line 8c)         8i         -239310	g		· · · · · · · · · · · · · · · · · · ·					
Net income (loss) (subtract line 8h from line 8c)		•					284885	
j Transfers to (from) the plan (see instructions)	i			8i			-239310	
	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 2T 3D
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**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions								
10	During the plan year:		Yes	No	Am	ount			
а	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X								
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
С									
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	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)								
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х			1	19081		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	/I Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes X No									
12									
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
<ul> <li>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.</li> <li>Month Day Year</li> </ul>									
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	b Enter the minimum required contribution for this plan year								
С	C Enter the amount contributed by the employer to the plan for this plan year								
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)								
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?								
Part	/II Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?			Ŷ	res X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1;	3a						
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
13c(1) Name of plan(s):					N(s)	13c(3) P	PN(s)		
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retur					a Sched	lule		

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.	07/12/2012	MICHAEL KOMOLA
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

		eturn/R Benefit I	eport of Small Employ Plan	/ee		DMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service			011					
Department of Labor		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)						
Employee Benefits Security Administr		the Internal Revenue Code (the Code).						
Pension Benefit Guaranty Corpora	Complete all entries in accord	<u>dance with</u>	the instructions to the Form 550	)-SF.		pection		
	port Identification Information	1/01/20	11 and ending		12/31/201	1		
				Г				
A This return/report is for:		•	employer plan (not multiemployer)	L	a one-particip	bant plan		
<b>3</b> This return/report is:	the first return/report	the final ret	,					
	an amended return/report		year return/report (less than 12 m	onths) r				
C Check box if filing under:		automatic e	extension	l	DFVC progra	Im		
	special extension (enter description	אר)			<u> </u>			
Part II Basic Plan	Information-enter all requested information	ation				······································		
a Name of plan				1b	Three-digit plan number			
Human Resource	Novations, Inc. 401(k) Pl	an			(PN)	003		
				1c	Effective date o			
,	nd address; include room or suite number (e	mployer, íf f	or a single-employer plan)	2b	Employer Identi	fication Number		
Human Resource	Novations, Inc.				(EIN) 91-149 Sponsor's telep			
700 112th Ave.	NE, Suite 300			<u> </u>	(425) 451-	-9410		
			WA 98004	2d Business code (see instructions) 813000				
Bellevue 3a Plan administrator's na	me and address (if same as plan sponsor, e	nter "Same"		3b Administrator's EIN				
Same		,	30	Administratoria	telephone number			
					Authinistrator s			
	of the plan sponsor has changed since the	last return/re	eport filed for this plan, enter the	4b	EIN	· · · · · · · · · · · · · · · · · · ·		
	an number from the last return/report.			4c				
a Sponsor's name				5a		25		
	pants at the beginning of the plan year					2		
	pants at the end of the plan year			<u>5b</u>		۲ کے		
	s with account balances as of the end of the			5c		18		
	assets during the plan year invested in eligib					X Yes No		
6a Were all of the plan's a								
<b>b</b> Are you claiming a wai	iver of the annual examination and report of	an indepent		179				
<b>b</b> Are you claiming a wai under 29 CFR 2520.10	04-46? (See instructions on waiver eligibility	and condition	ons.)			X Yes 🗌 No		
b Are you claiming a wai under 29 CFR 2520.10 If you answered "No"	04-46? (See instructions on waiver eligibility " to either 6a or 6b, the plan cannot use F	and condition	ons.)			X Yes No		
b Are you claiming a wai under 29 CFR 2520.10 If you answered "No" Part III Financial II	04-46? (See instructions on waiver eligibility " to either 6a or 6b, the plan cannot use F nformation	and condition	ons.) F and must instead use Form 55					
b Are you claiming a wai under 29 CFR 2520.10 If you answered "No" Part III Financial II 7 Plan Assets and Liabili	04-46? (See instructions on waiver eligibility " to either 6a or 6b, the plan cannot use F nformation ities	and condition	ons.) F and must instead use Form 55 (a) Beginning of Year	00.		l of Year		
<ul> <li>b Are you claiming a wai under 29 CFR 2520.10</li> <li>If you answered "No"</li> <li>Part III Financial II</li> <li>7 Plan Assets and Liabili</li> <li>a Total plan assets</li> </ul>	04-46? (See instructions on waiver eligibility " to either 6a or 6b, the plan cannot use F nformation ities	and condition	ons.) F and must instead use Form 55	00.		L L		
<ul> <li>b Are you claiming a wai under 29 CFR 2520.10</li> <li>If you answered "No"</li> <li>Part III Financial II</li> <li>7 Plan Assets and Liabili</li> <li>a Total plan assets</li> <li>b Total plan liabilities</li> </ul>	04-46? (See instructions on waiver eligibility <u>" to either 6a or 6b, the plan cannot use F</u> nformation ities	and conditions form 5500-S	ons.) F and must instead use Form 55 (a) Beginning of Year	00. 55		L L L L L L L L L L L L L L L L L L L		
<ul> <li>b Are you claiming a wai under 29 CFR 2520.10</li> <li>If you answered "No"</li> <li>Part III Financial In</li> <li>7 Plan Assets and Liabili</li> <li>a Total plan assets</li> <li>b Total plan liabilities</li> <li>c Net plan assets (subtrational subtrational subtrationa subtrational subtrational subtrationa subtrational subtrationa</li></ul>	04-46? (See instructions on waiver eligibility <u>" to either 6a or 6b, the plan cannot use F</u> <u>nformation</u> ities act line 7b from line 7a)	and conditions form 5500-S	ons.) F and must instead use Form 55 (a) Beginning of Year 1, 195, 99 1, 195, 99	00. 55	(b) Enc	l of Year 956,645 956,645		
<ul> <li>b Are you claiming a wai under 29 CFR 2520.10</li> <li>If you answered "No"</li> <li>Part III Financial In</li> <li>7 Plan Assets and Liabili</li> <li>a Total plan assets</li> <li>b Total plan liabilities</li> <li>c Net plan assets (subtrational subtrational subtrationa subtrational subtrational subtrationa</li></ul>	04-46? (See instructions on waiver eligibility " to either 6a or 6b, the plan cannot use F nformation ities act line 7b from line 7a) rd Transfers for this Plan Year	and conditions form 5500-S	ons.) iF and must instead use Form 55 (a) Beginning of Year 1, 195, 9!	00. 55	(b) Enc	L L L L L L L L L L L L L L L L L L L		
<ul> <li>b Are you claiming a wai under 29 CFR 2520.10</li> <li>If you answered "No"</li> <li>Part III Financial II</li> <li>7 Plan Assets and Liabili</li> <li>a Total plan assets</li> <li>b Total plan liabilities</li> <li>c Net plan assets (subtra 8 Income, Expenses, an</li> <li>a Contributions received</li> </ul>	04-46? (See instructions on waiver eligibility " to either 6a or 6b, the plan cannot use F nformation ities act line 7b from line 7a) rd Transfers for this Plan Year	and condition Form 5500-S 	ons.) F and must instead use Form 55 (a) Beginning of Year 1, 195, 99 1, 195, 99	00. 55	(b) Enc	l of Year 956,645 956,645		
<ul> <li>b Are you claiming a wai under 29 CFR 2520.10</li> <li>If you answered "No"</li> <li>Part III Financial II</li> <li>7 Plan Assets and Liabili</li> <li>a Total plan assets</li> <li>b Total plan liabilities</li> <li>c Net plan assets (subtra</li> <li>8 Income, Expenses, an</li> <li>a Contributions received (1) Employers</li> </ul>	04-46? (See instructions on waiver eligibility <u>" to either 6a or 6b, the plan cannot use F</u> <u>nformation</u> ities act line 7b from line 7a) d Transfers for this Plan Year H or receivable from:	and conditic Form 5500-S 7a 7b 7c 8a(1)	ons.) F and must instead use Form 55 (a) Beginning of Year 1, 195, 99 1, 195, 99	00.	(b) Enc	l of Year 956,645 956,645		
<ul> <li>b Are you claiming a wai under 29 CFR 2520.10</li> <li>If you answered "No"</li> <li>Part III Financial II</li> <li>7 Plan Assets and Liabili</li> <li>a Total plan assets</li> <li>b Total plan liabilities</li> <li>c Net plan assets (subtrational structures)</li> <li>8 Income, Expenses, an</li> <li>a Contributions received (1) Employers</li></ul>	04-46? (See instructions on waiver eligibility " to either 6a or 6b, the plan cannot use F nformation ities act line 7b from line 7a) d Transfers for this Plan Year d or receivable from:	and condition Form 5500-S 	ons.) F and must instead use Form 55 (a) Beginning of Year 1, 195, 9 1, 195, 9 (a) Amount	00. 55 55 70	(b) Enc	l of Year 956,645 956,645		
<ul> <li>b Are you claiming a wai under 29 CFR 2520.10</li> <li>If you answered "No"</li> <li>Part III Financial II</li> <li>7 Plan Assets and Liabili</li> <li>a Total plan assets</li> <li>b Total plan liabilities</li> <li>c Net plan assets (subtra</li> <li>8 Income, Expenses, an</li> <li>a Contributions received (1) Employers</li></ul>	04-46? (See instructions on waiver eligibility <u>" to either 6a or 6b, the plan cannot use F</u> <u>nformation</u> ities <u>act line 7b from line 7a)</u> d Transfers for this Plan Year d or receivable from:	and condition Form 5500-S 7a 7b 7c 8a(1) 8a(2) 8a(3)	ons.) F and must instead use Form 55 (a) Beginning of Year 1, 195, 9 1, 195, 9 (a) Amount 55, 5	00. 55 55 70 77	(b) Enc	l of Year 956,645 956,645		
<ul> <li>b Are you claiming a wai under 29 CFR 2520.10</li> <li>If you answered "No"</li> <li>Part III Financial II</li> <li>7 Plan Assets and Liabili</li> <li>a Total plan assets</li> <li>b Total plan liabilities</li> <li>c Net plan assets (subtrational in the second of the second o</li></ul>	04-46? (See instructions on waiver eligibility <u>" to either 6a or 6b, the plan cannot use F</u> <u>nformation</u> ities <u>act line 7b from line 7a</u> ) id Transfers for this Plan Year H or receivable from: rollovers)	and condition Form 5500-S 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	ons.) F and must instead use Form 55 (a) Beginning of Year 1, 195, 99 1, 195, 99 (a) Amount 55, 5° 16, 7	00. 55 55 70 77	(b) Enc	l of Year 956,645 956,645 Total		
<ul> <li>b Are you claiming a wai under 29 CFR 2520.10</li> <li>If you answered "No"</li> <li>Part III Financial II</li> <li>7 Plan Assets and Liabili</li> <li>a Total plan assets</li> <li>b Total plan liabilities</li> <li>c Net plan assets (subtrational structure)</li> <li>8 Income, Expenses, an</li> <li>a Contributions received (1) Employers</li></ul>	04-46? (See instructions on waiver eligibility " to either 6a or 6b, the plan cannot use F nformation ities act line 7b from line 7a) d Transfers for this Plan Year f or receivable from: rollovers)	and conditic Form 5500-S 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	ons.) F and must instead use Form 55 (a) Beginning of Year 1, 195, 99 1, 195, 99 (a) Amount 55, 5° 16, 7	00. 55 55 70 77 2)	(b) Enc	l of Year 956,645 956,645 Total		
<ul> <li>b Are you claiming a wai under 29 CFR 2520.10</li> <li>If you answered "No"</li> <li>Part III Financial II</li> <li>7 Plan Assets and Liabili</li> <li>a Total plan assets</li> <li>b Total plan liabilities</li> <li>c Net plan assets (subtrational structure)</li> <li>8 Income, Expenses, an</li> <li>a Contributions received (1) Employers</li></ul>	04-46? (See instructions on waiver eligibility " to either 6a or 6b, the plan cannot use F nformation ities act line 7b from line 7a) act line 7b from line 7a) od Transfers for this Plan Year d or receivable from: rollovers) rollovers) rollovers) rollovers) rollovers and insurance premiums	and condition Form 5500-S 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	instant instead use Form 55         (a) Beginning of Year         1, 195, 9         1, 195, 9         (a) Amount         55, 5         16, 7         (26, 77)	00. 55 55 70 77 2)	(b) Enc	l of Year 956, 645 956, 645 Total		
<ul> <li>b Are you claiming a wai under 29 CFR 2520.10</li> <li>If you answered "No"</li> <li>Part III Financial II</li> <li>7 Plan Assets and Liabili</li> <li>a Total plan assets</li> <li>b Total plan liabilities</li> <li>c Net plan assets (subtra</li> <li>8 Income, Expenses, an</li> <li>a Contributions received (1) Employers</li></ul>	04-46? (See instructions on waiver eligibility <u>" to either 6a or 6b, the plan cannot use F</u> <b>nformation</b> ities <u>act line 7b from line 7a</u> ) id Transfers for this Plan Year d or receivable from: rollovers) es 8a(1), 8a(2), 8a(3), and 8b) ig direct rollovers and insurance premiums	and condition Form 5500-S 7a 7b 7b 7c 8a(1) 8a(2) 8a(3) 8b 8b 8c 8d 8d 8e	instant instead use Form 55         (a) Beginning of Year         1, 195, 9         1, 195, 9         (a) Amount         55, 5         16, 7         (26, 77)	00. 55 55 70 77 2)	(b) Enc	l of Year 956, 645 956, 645 Total		
<ul> <li>b Are you claiming a wai under 29 CFR 2520.10</li> <li>If you answered "No"</li> <li>Part III Financial II</li> <li>7 Plan Assets and Liabili</li> <li>a Total plan assets</li> <li>b Total plan liabilities</li> <li>c Net plan assets (subtrational structure)</li> <li>8 Income, Expenses, an</li> <li>a Contributions received (1) Employers</li></ul>	04-46? (See instructions on waiver eligibility <u>" to either 6a or 6b, the plan cannot use F</u> <u>nformation</u> ities <u>act line 7b from line 7a</u> ) <u>act line 7b from line 7a) <u>act line 7b from line 7a</u>) <u>act line 7b from line 7a) <u>act line 7b from line 7b </u></u></u></u></u></u></u></u></u>	and condition Form 5500-S 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8d 8e 8f	(a) Beginning of Year (a) Beginning of Year 1, 195, 9 1, 195, 9 (a) Amount 55, 5 16, 7 (26, 77) 272, 1	00. 55 55 70 77 2)	(b) Enc	l of Year 956, 645 956, 645 Total		
<ul> <li>b Are you claiming a wai under 29 CFR 2520.10</li> <li>If you answered "No"</li> <li>Part III Financial In</li> <li>7 Plan Assets and Liabili</li> <li>a Total plan assets</li> <li>b Total plan liabilities</li> <li>c Net plan assets (subtrational structure)</li> <li>8 Income, Expenses, an</li> <li>a Contributions received (1) Employers</li></ul>	04-46? (See instructions on waiver eligibility " to either 6a or 6b, the plan cannot use F nformation ities act line 7b from line 7a) d Transfers for this Plan Year f or receivable from: rollovers) es 8a(1), 8a(2), 8a(3), and 8b) eg direct rollovers and insurance premiums or corrective distributions (see instructions) providers (salaries, fees, commissions)	and condition Form 5500-S 7a 7b 7b 7c 8a(1) 8a(2) 8a(2) 8a(3) 8b 8c 8b 8c 8c 8d 8e 8f 8g	(a) Beginning of Year (a) Beginning of Year 1, 195, 9 1, 195, 9 (a) Amount 55, 5 16, 7 (26, 77) 272, 1	00. 55 55 70 77 2)	(b) Enc	L of Year 956, 645 956, 645 Total 45, 575		
<ul> <li>b Are you claiming a wai under 29 CFR 2520.10</li> <li>If you answered "No"</li> <li>Part III Financial In</li> <li>7 Plan Assets and Liabili</li> <li>a Total plan assets</li> <li>b Total plan liabilities</li> <li>c Net plan assets (subtra</li> <li>8 Income, Expenses, an</li> <li>a Contributions received (1) Employers</li></ul>	04-46? (See instructions on waiver eligibility <u>" to either 6a or 6b, the plan cannot use F</u> <b>nformation</b> ities <u>act line 7b from line 7a</u> ) id Transfers for this Plan Year d or receivable from: rollovers) rollovers) es 8a(1), 8a(2), 8a(3), and 8b) ig direct rollovers and insurance premiums or corrective distributions (see instructions) providers (salaries, fees, commissions)	and condition Form 5500-S 7a 7b 7b 7c 8a(1) 8a(2) 8a(2) 8a(3) 8b 8b 8c 8b 8c 8d 8c 8d 8d 8e 8f 8g 8h	(a) Beginning of Year (a) Beginning of Year 1, 195, 9 1, 195, 9 (a) Amount 55, 5 16, 7 (26, 77) 272, 1	00. 55 55 70 77 2)	(b) Enc	l of Year 956,645 956,645		

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Form 5500-SF 2011

Page 2 -

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions						
10	During the plan year:		Yes	No		Amount	t
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)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x			
С	Was the plan covered by a fidelity bond?	10c	х				500,000
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		х			
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x			
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х			5
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				19,081
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					. 🗌 Ye	es X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ection	302 of	ERISA?.	. [ Ye	es 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 instrugranting the waiver.	nth					
100000	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		Г		<del></del>		
	b Enter the minimum required contribution for this plan year						
С							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		[	12d	<u> </u>		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?				Yes X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					V []	es X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pla	an(s) te	C			
	3c(1) Name of plan(s):		13	8c(2) E	IN(s)	130	<b>:(3)</b> PN(s)
			1				
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal						
	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return						

belief, it is true, correct, and complete.

SIGN	Michael A Kolue	7.5.2012	Michael Komola
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