Book and the set of the set			eturn/Report of Small Employee Benefit Plan			OMB Nos. 1210-0110 1210-0089				
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d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)		8b	-15289					
to provide benefits) 8d 1/344 e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i				8c		_		38626		
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i	d			8d	17344					
f Administrative service providers (salaries, fees, commissions) 8f g Other expenses	е	• •								
g 8g h Total expenses (add lines 8d, 8e, 8f, and 8g)	f		, , ,							
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 17344 i Net income (loss) (subtract line 8h from line 8c) 8i 21282	g		· · · · · · · · · · · · · · · · · · ·							
i Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)					17344		
j Transfers to (from) the plan (see instructions)	i			8i				21282		
	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: 2E 2G 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	Du	ring the plan year:		Yes	No		Amou	Int	
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)			X				
b		Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported n line 10a.)			X				
С	W	as the plan covered by a fidelity bond?	10c	Х				1	00000
d					Х				
е	ins	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.)			X				
f	Ha	As the plan failed to provide any benefit when due under the plan?			Х				
g	Die	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х	X			
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11									X No
12	ls	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	<u> П</u> ,	Yes	X No
	(If	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						_	_
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct Inting the waiver							
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	Wi	I 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	На	s a resolution to terminate the plan been adopted in any plan year?			Ì	′es X N	lo		
	lf "	Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control							X No	
C	lf c	luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ich assets or liabilities were transferred. (See instructions.)						-	-
13c(1) Name of plan(s):					13c(2) EIN(s) 13c(3) PN(s)			'N(s)	
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab							
Unde	r pe	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	urn/rep	oort, in	cludin	g, if applica	able, 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.	07/18/2012	J GIL ISRAEL
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