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Present heads Gaussing Cagnets         I Complete all endes in accordance with the instructions to the Porm S300-SF.         Inspection           Part II         Annual Report toernitincation Information         and ending         12/31/2011           Proceeding Days 2011 of Leading Inset Beginning         Instructions to the Porm S300-SF.         Insert endingene Cagnets           Dire returningont is         In the instructions of the Porm S300-SF.         Insert ending         12/31/2011           C Check box # filing under:         Insert endingene Cagnet         Insert endingene Cagnet         Insert endingene           DBN during under:         Insert endingene         Insert endingene         Insert endingene         Insert endingene           DBN during under:         Insert endingene         Insert endingene         Insert endingene         Insert endingene           DBN during under:         Insert endingene         Insert endingene         Insert endingene         Insert endingene         Insert endingene           DBN during under:         Insert endingene         Insert endingene         Insert endingene         Insert endingene         Insert endingene           DBN during under:         Insert endingene         Insert endingene         Insert endingene         Insert endingene         Insert endingene           DBN during under:         Inseredign         Insert endingene	Department of Labor I his form is required to be filed Retirement Income Security Act of 1			1974 (ERI	SA), and sections 6057(b) and 6058	f			
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B       This return/report       In the final return/report       In the final return/report         C       Check box if thing under:       In a mended return/report       In a diministret of participation       DFVC program         Part III       Basic Plan Information—enter all requested information       The return/report       In the final return/report       In the final return/report         20       Part III       Basic Plan Information—enter all requested information       The return return return return requested information       In the final return return return requested information         20       Part III       Basic Plan Information—enter all requested information       In the final return reture return return return reture return return return retu		5							
C Check box if filing unde:       an amended return/report       a short plan year return/report (less than 12 months)         Part III       Dasice Plan Information—enter all requested information       1         13 Nume of plan       10 Trive-dipi       plan number         128 Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan)       12 Effective date of plan         11/4 COLUMBIA ST STE 400       22 Sponsor's table pone number       200 Stot State Sta		· .	the first return/report						
C Check bax if fling under:       Form 5558       in submitte extension       DFVC program         Part II       Basic Plan Information—enter all requested information       1       Nome of plan       001         10R Aorne of plan       DFVC program       001       10       Three-digt       plan number       plan number       001         2.8       Plan sponsor's name and address include room or sule number (employer, if for a single employer plan)       10       E Employee Monitosian Number       001       10       Employee Monitosian Number         1124 COLLIMEIA ST STE 400       SEATTLE, WA 98104-2053       20       Soporar's name and address (if same as plan sponsor, enter 'Same')       3b       Administrator's name and address (if same as plan sponsor, enter 'Same')       3b       Administrator's telephone number         NPECTOUS DISEASE RESEARCH INSTITUTE       1124 COLLIMEIA ST STE 400       SEATTLE, WA 98104-2053       3c       CAministrator's name and address (if same as plan sponsor, enter 'Same')       3b       Administrator's telephone number       20       Employee Monitosian       Sc       A CP N         3a Plan administrator's name and address (if same as plan sponsor, enter 'Same')       St       Sc	0				•	onths)			
Image: Construction of the plan sponsor's name and address; include noom or suite number (employer, if for a single-employer plan)               1b Three-digit plan number (PN) + 001          2a Plan sponsor's name and address; include noom or suite number (employer, if for a single-employer plan)              2b Employer (dentification Number (EIN) + 001          124 COLUMERA ST STE 400               2b Employer (dentification Number (EIN) + 001          32 Plan administrator's name and address (in teams as plan sponsor, enter TSme')               3b Administrator's telephone number 2000-381-083          124 COLUMERA ST STE 400               SEATTLE, WA 98104-2053               3b Administrator's name and address (in teams as plan sponsor, enter TSme')               3b Administrator's telephone number 2000-381-083          34 Plan administrator's name and address (if teams as plan sponsor, name 'Sme')               3b Administrator's telephone number 2000-381-083          35 Total number of participants at the beginning of the plan year.              3b Administrator's telephone number 2000-381-083          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 and telephone number 2007-81-083          5a Total number of participants at the beginning of the plan year.              5b          5a Total number of participants at the end of the plan year (defined benefit plans do not constant (IOPA)	С	Check box if filing under:		•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		
Part II       Basic Plan Information—enter all requested information         1a Name of plan       1b Three-digit plan number (PN)       001         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       1c Elective data of plan OLIGITISSE         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (ENV)         NMECTIOUS DISEASE RESEARCH INSTITUTE       2C Sponsor's telephone number 206-391-0833         3d Plan administrator's name and address (if same as plan sponsor, anter TSame*)       3b Administrator's Istephone number 206-391-0833         3d Plan administrator's name and address (if same as plan sponsor, anter TSame*)       3b Administrator's telephone number 206-391-0843         3d The name, EIN, and the plan sponsor has changed since the last return/report.       3c Administrator's telephone number 206-391-0843         4 If the name and/or EIN of the plan sponsor has changed since the last return/report.       3c Administrator's telephone number 206-391-0843         5a Total number of participants with account biances as of the end of the plan year       5c       105         5a Total number of participants with at the end of the plan year       5c       106         6a Were all of the plan sets during the plan year invested in eligible assets? (See instructions)       2 Yes No       No         7a Starphone shares       3c Starphone share       20	•		╡						
13 Name of plan       10R1 401(Q) RETIREMENT PLAN       10 plan number (PA)       10 plan number (PA)       001         10 C Effective date of plan       001       10 Effective date of plan       001         14 Searce plan       10 Plan symmetry       001       10 Effective date of plan         23 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       20 Employer Identification Number (EM) 971:003278         24 Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's REN       3b Administrator's REN         1124 COLLIMBIA ST STE 400       SEATTLE, WA 98104-2053       3c Administrator's REN       3c Administrator's REN         34 Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's REN       3c Administrator's REN         1124 COLLIMBIA ST STE 400       SEATTLE, WA 98104-2053       3c Administrator's REN       3c Administrator's REN         3 Foral number of participants at the address stranged since the last return/report.       3b Administrator's REN       3c Administrator's REN       3c Administrator's REN         3 Total number of participants with account biasness as of the end of the plan year.       5a       118       5c       106         6 Ware al of the plan's assets during the plan year invested in eligible assets? (See instructions).       Sc Yes   No       Ne       Ne	Pa	Int II Basic Plan Inform		,					
Intervention (v) Network (v) Network (v)       001         Intervention (v) <t< th=""><th>1a</th><th></th><th>1</th><th></th><th></th><th>1b</th><th></th></t<>	1a		1			1b			
IC       Effective diete of plan OUD1/1988         I2a       Plan sponsor's name and address; include room or sulle number (employer, if for a single-employer plan) INPECTIOUS DIEENSE RESEARCH INSTITUTE       I2b       Employer Identification Number (EN)         I124 COLUMBIA ST STE 400 SEATTLE, WA 98104-2033       I2d       Busines code (rese instructions) 5647100         3a       Plan administrator's name and address (if same as plan sponsor, enter 'Same') INPECTIOUS DIEASE RESEARCH INSTITUTE       I12X COLUMBIA ST STE 400 SEATTLE, WA 98104-2033       I2d       Busines code (rese instructions) 5647100         3b       Administrator's fame Seponsor's name Seponsor's name       It the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EN, and the plan number from the last return/report filed for this plan, enter the name, EN, and the plan number from the plan year       Id         15a       Total number of participants at the end of the plan year       Id       Id         15a       Total number of participants at the end of the plan year (defined benefit plans do not complete this item)       Ig       Yes       No         16a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions)       Ig       Yes       No         17you answerd "No" to be annue assetmation and report of an independent qualified public accountant (ICPA)       Ig       Yes       No         17       Plan Assets and Liabilities </th <th>IDRI</th> <th>401(K) RETIREMENT PLAN</th> <th></th> <th></th> <th></th> <th></th> <th></th>	IDRI	401(K) RETIREMENT PLAN							
A2         Plan sponsor's name and address: include room or suite number (employer, if for a single employer plan) INFECTIOUS DISEASE RESEARCH INSTITUTE         2b         Employer identification Number (EIN) 91-1608078           1124 COLUMBIA ST STE 400 SEATTLE, WA 98104-2053         2c         Sponsor's telephone number 205-381-0883         2d         Business code (see instructions) 541700           3a         Plan administrator's name and address (if same as plan sponsor, enter "Some") NECTOUS DISEASE RESEARCH INSTITUTE         1122 COLUMER ST STE 400 SEATTLE, WA 98104-2053         3b         Administrator's telephone number 205-381-0883           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 (for a time account balances as of the end of the plan year         5a         118           5a         Total number of participants at the edginning of the plan year (defined benefit plans do not complete this term)         Sb         134           6a         Vere you chaining a waiver of the cases at of the end of the plan year invested in eligible assets? (See instructions)         St         St         No           7         Plan Assets and Liabilities         7a         3002638         4375049         Yes         No           7         Plan Assets and Liabilities         7a         3002638         4375049         Yes         No           7         Plan Assets and Liabilities						1c			
INFECTIOUS DISEASE RESEARCH INSTITUTE (EIN) 91-1608978 (CLUMBIA ST STE 400 SEATTLE, WA 98104-2053 (CLUMBIA ST							•		
1124 COLUMBIA ST STE 400       Image: Columb A ST STE 400         SEATTLE, WA 98104-2053       Image: Columb A ST STE 400         3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       Stat 700         NPECTOUS DISEASE RESEARCH INSTITUTE       1124 COLUMBIA ST STE 400         SEATTLE, WA 98104-2053       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 E.IN, and the plan number from the last return/report.       3b Administrator's EIN         5a Total number of participants at the beginning of the plan year       5a       118         5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       Sa       Yes       No         6a Were ail of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Sa       Yes       No         7 Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year       Yes       No         7 Plan Assets and Liabilities       7a       3602338       4375049       4375049         8 Income (edd lines 84(1), 84(2), 84(3), and 8b)       8a(2)       164329       4375049       4375049         7 C       3602838       4375049       4375049       4375049       4375049       4375049       4375049	2a	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b			
1124 COLUMER ST STE 400       206-381-0883         SEATTLE, WA 98104-2053       2d Business code (see instructions)         3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's EIN         INFECTIOUS DISEASE RESEARCH INSTITUTE       1124 COLUMBUS AST STE 400         SEATTLE, WA 98104-2053       3b Administrator's telephone number         206-381-0883       3c Administrator's telephone number         206-381-0883       4c PN         5a Total number of participants at the ed of the plan year       5a         5b 134       118         5c 106       5c         6a Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions)       Yes Ne         Yes Or Associal number of participants with account balances as of the end of the plan year (defined bublic accountant (QPA)       Yes Ne         16a Were all of the plan's assets during the plan year invested in eligible assets? (See Instructions)       Yes Ne         Yes Or R 250: 10-467 (See instructions on waiver eligiblity and conditions)       Yes No         7 Plan Assets and Liabilities	INFE	CHOUS DISEASE RESEARCE	1 INSTITUTE						
1122 OCUMBASTS 151400         Sa Plan administrator's name and address (if same as plan sponsor, enter "Same")         INFECTIOUS DISEASE RESEARCH INSTITUTE         1124 COLUMBASTS STE 400         SEATTLE, WA 98104-2005         3c Administrator's name and address (if same as plan sponsor, enter "Same")         INFECTIOUS DISEASE RESEARCH INSTITUTE         1124 COLUMBASTS STE 400         SEATTLE, WA 98104-2005         3c Administrator's telephone number 206-381-0883.         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number from the last return/report.         3c Total number of participants at the beginning of the plan year         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 1008         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)         Ty va 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         1 Total plan assets (subtract line 7b from line 7a)         7 c       3002838         43(1)       1006933         44(2)       624469         6       Netry assets and Liabilities						2C			
3a Plan administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's name         NRFECTIOUS DISEASE RESEARCH INSTITUTE       1124 COLUMBIA ST STE 400 SEATTLE, WA 98104-2053       3c Administrator's EIN 91-100878         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 end of the plan year       5a       118         5d Total number of participants at the end of the plan year (defined benefit plans do not complete this item)       9res       No         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       No         b Yava under 20 F2 252:01-4479 (See instructions on waiver eligibility and conditions.)       Yes       No         If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Yes       No         Part III       Financial Information       7a       360/2838       4375049       361/343         7       Pan Assets and Liabilities       7a       360/2838       4375049       361/343       361/343       361/35049       361/35049       361/35049       361/35049       361/35049       361/35049       361/35049       361/35049       361/35049       361/35049       361/35049					·	2d	Business code (see instructions)		
SEATTLE, WA 99104-2053       3C       Administrator's telephone number 206-391-0863         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       118         5a       Total number of participants at the end of the plan year       5a       118         5b       134       5b       134         compact this item)       206-321       106         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       5c       106         6a       Were all of the plan's assets during the plan cannot use Form 5500-SF and must instead use Form 5500.       Pert III       Financial Information         7       Plan Assets and Liabilities       7a       3602836       4375049         7       Total plan liabilities       7b       3602836       4375049         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) End of Year         7       Plan Basets subtract line 7b from line 7a)       7c       3602836       4375049         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         8       In	<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")					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.       206-381-0883         4       B       EIN       4C       PN         5a       Total number of participants at the beginning of the plan year.       5a       118         5b       134       5b       134         c       Number of participants with account balances as of the end of the plan year.       5c       106         Ga       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Sc       106         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         H you answered "No" to either & aor of b, the plan cannot use Forn S500-SF and must instead use Forn S500.       Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a Total plan issets       7a       3602838       4375049         5       Ottal income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         c       Contributions received or receivable from:       8a(1)       100693       62         (2)       Participants       8a(2)	INFE	CTIOUS DISEASE RESEARCH				30			
name, EIN, and the plan number from the last return/report.     4c     PN       a Sponsor's name     4c     PN       5a     Total number of participants at the beginning of the plan year     5a     1a       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     106       6a     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Sc     106       6a     Were all of the plan's assets during the plan year invested in eligible assets? (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       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     7a     3602838     4375049       b Total plan assets (subtract line 7b from line 7a)     7c     3602838     4375049       b Total plan labilities     7b     3602838     4375049       c Contributions received or receivable from:     8a(1)     100683       (2) Participants     8a(2)     624459     846723       b Benefits paid (including rollovers)     8a     47413     846723       c Total incorne (add lines 8a(1), 8a(2), 8a(3), and 8b) </th <th></th> <th></th> <th></th> <th></th> <th></th> <th colspan="3">206-381-0883</th>						206-381-0883			
a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year       5a 118         b Total number of participants at the end of the plan year       5a 118         b Total number of participants at the end of the plan year       5b 134         c Number of participants at the end of the plan year (defined benefit plans do not complete this item)       5c 106         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       M Yes No         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)       M Yes No         ry ou answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       M Yes No         Part III       Financial Information       7a 3602838       4375049         7 total plan labilities       7a 3602838       4375049         6 Income, Expenses, and Transfers for this Plan Year       a (a) Amount       (b) Total         a Contributions received or receivable from:       8a(1)       100693         (2) Participants       8a(2)       624459       8b         (3) Others (including direct rollovers and insurance premiums to provide benefits)       8b       446801         8       6       646723       846723         9 Other income (loss)       8b       447413	4			ast return/i	report filed for this plan, enter the	4b	EIN		
b       Total number of participants at the end of the plan year.       5b       134         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       106         6a       Were all of the plan's assets during the plan year invested in eligible assets? (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         inder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       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         a       Total plan assets       7a       3602838       4375049         b       Total plan labilities       7b       7c       3602838       4375049         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total       (b) Total         (1)       Employers       Ba(1)       100693       36(2)       624459       30(3)       168372         b       Other income (loss)       Ba       62       646801	а					4c	PN		
C       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       106         Ga       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Section 2000         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Section 2000         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Section 2000         Part III       Financial Information       Image: Section 2000       Image: Section 2000         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         7       Plan Assets (subtract line 7b from line 7a).       7c       3602838       4375049         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       100683         (2)       Participants       Ba(2)       624459         (3)       Other sincuding rollovers)       Ba(3)       168372         b       Other income (loss)       Bb       -46801         c       Total income (loss)       Bb       -46801         (2)       Participants <td< th=""><th>5a</th><th>Total number of participants at</th><th>the beginning of the plan year</th><th></th><th></th><th>5a</th><th>118</th></td<>	5a	Total number of participants at	the beginning of the plan year			5a	118		
complete this item)	b	Total number of participants at		5b	134				
Ga       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Construction of the annual examination and report of an independent qualified public accountant (IQPA)         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Construction of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Construction of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Construction of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Construction of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Construction of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Construction of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Construction of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Construction of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Construction of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Construction of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Construction of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Construction of the annual examination and report of an independent qualified public accountant (IDPA)       Image: Construction of the annual examination and report of an independent qualified publi	С						106		
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       No         If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         7       Plan Assets and Liabilities       7a       3602838       4375049         b       Total plan assets       7b       500       500         c       Net plan assets (subtract line 7b from line 7a).       7c       3602838       4375049         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       100693       3a(2)       624459         (a)       Other income (loss)       8a(2)       624459       8a(3)       168372         b       Other income (loss)       8b       -46801       846723         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       8d       447413         c       Total income (add lines 8a(4), 8a(2), 8a(3), and 8b)       8e       24091         f       Administrative service providers (salaries, fees, commissio	6a	1 /					X Yes No		
If you answered 'No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets.       7a       3602838       4375049         b       Total plan assets (subtract line 7b from line 7a)       7c       3602838       4375049         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       100693         (2)       Part including rollovers)       8a(2)       624459         (3)       Others (including rollovers)       8a(3)       168372         b       Other income (loss)       8b       -46801         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       8d         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       47413         e       Certain deemed and/or corrective distributions (see instructions)       8e       24091         f       Administrative service providers (salaries, fees, commissions)       8f       3008         g       Other expenses       8g	b								
Part IIIFinancial Information7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a36028384375049bTotal plan liabilities7b									
aTotal plan assets7a36028384375049bTotal plan liabilities7bcNet plan assets (subtract line 7b from line 7a)7c360283843750498Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from:8a(1)100693(2)Participants8a(2)624459(3)Others (including rollovers)8a(3)168372bOther income (loss)8b-46801cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c8ddBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d47413eCertain deemed and/or corrective distributions (see instructions)8e24091fAdministrative service providers (salaries, fees, commissions)8f3008gOther expenses8g74512iNet income (loss) (subtract line 8h from line 8c)8h772211	Pa								
In order plan lasses7ab Total plan liabilities7bc Net plan assets (subtract line 7b from line 7a)7c360283843750498 Income, Expenses, and Transfers for this Plan Year(a) Amounta Contributions received or receivable from:100693(1) Employers8a(1)(2) Participants8a(2)(3) Others (including rollovers)8a(3)1683728bb Other income (loss)8b	7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
CNet plan assets (subtract line 7b from line 7a)	а	Total plan assets		7a	3602838		4375049		
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       100693         (1)       Employers       8a(1)       100693         (2)       Participants       8a(2)       624459         (3)       Others (including rollovers)       8a(3)       168372         b       Other income (loss)       8b       -46801         c       Total income (loss)       8c       846723         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       47413         e       Certain deemed and/or corrective distributions (see instructions)       8e       24091         f       Administrative service providers (salaries, fees, commissions)       8f       3008         g       Other expenses (add lines 8d, 8e, 8f, and 8g)       8h       74512         i       Net income (loss) (subtract line 8h from line 8c)       8i       772211	b	Total plan liabilities		7b		_			
a Contributions received or receivable from:       100693         (1) Employers       8a(1)       100693         (2) Participants       8a(2)       624459         (3) Others (including rollovers)       8a(3)       168372         b Other income (loss)       8b       -46801         C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       846723         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       47413         e Certain deemed and/or corrective distributions (see instructions)       8e       24091         f Administrative service providers (salaries, fees, commissions)       8f       3008         g Other expenses       8g       74512         i Net income (loss) (subtract line 8h from line 8c)       8i       772211	C	Net plan assets (subtract line 7	'b from line 7a)	7c	3602838		4375049		
(1) Employers       8a(1)       100693         (2) Participants       8a(2)       624459         (3) Others (including rollovers)       8a(3)       168372         b Other income (loss)       8b       -46801         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       846723         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       47413         e Certain deemed and/or corrective distributions (see instructions)       8e       24091         f Administrative service providers (salaries, fees, commissions)       8f       3008         g Other expenses       8g       74512         i Net income (loss) (subtract line 8h from line 8c)       8h       772211					(a) Amount		(b) Total		
BacBac(2) Participants(3) Others (including rollovers)(3) Others (including rollovers)(3) (168372)(3) Other income (loss)(3) (168372)(4) Other income (loss)(3) (168372)(5) Other income (loss)(3) (168372)(5) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)(3) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3	а			8a(1)	100693				
b       Other income (loss)				· · ·	624459				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       846723         C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       846723         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       47413         e Certain deemed and/or corrective distributions (see instructions)       8e       24091         f Administrative service providers (salaries, fees, commissions)       8f       3008         g Other expenses       8g       74512         i Net income (loss) (subtract line 8h from line 8c)       8i       772211		(3) Others (including rollovers)	)	8a(3)	168372				
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)		8b	-46801				
to provide benefits)       8d       4/413         e       Certain deemed and/or corrective distributions (see instructions)       8e       24091         f       Administrative service providers (salaries, fees, commissions)       8f       3008         g       Other expenses       8g       74512         i       Net income (loss) (subtract line 8h from line 8c)       8i       772211	С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			846723		
e       Certain deemed and/or corrective distributions (see instructions)       8e       24091         f       Administrative service providers (salaries, fees, commissions)       8f       3008         g       Other expenses       8g       1         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       74512         i       Net income (loss) (subtract line 8h from line 8c)       8i       772211	d		•	64	47413				
f       Administrative service providers (salaries, fees, commissions)	A	,							
g         8g           h         74512           i         8i         772211			, , ,						
h         Total expenses (add lines 8d, 8e, 8f, and 8g)         8h         74512           i         Net income (loss) (subtract line 8h from line 8c)         8i         772211	-	·	· · · · · · · · · · · · · · · · · · ·						
i Net income (loss) (subtract line 8h from line 8c)		•					74512		
j Transfers to (from) the plan (see instructions)	i						772211		
	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.

Page 2 - 1

## 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 2F 2G 2J 2K 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	Durir	ng the plan year:		Yes	No	Α	mount
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х		
b		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			Х		
С	Was	s the plan covered by a fidelity bond?	10c	Х			1000000
d		Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					
e	insu	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.)			Х		
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х			29128
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		10h		Х		
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i				
Part	VI	Pension Funding Compliance	-				
11							
12	ls th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of	ERISA?	Yes X No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
	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						
lf y	/ou co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		1	
b	D 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				12c		
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	Will the minimum funding amount reported on line 12d be met by the funding deadline?						No N/A
Part VII Plan Terminations and Transfers of Assets							
13a	Hasa	a resolution to terminate the plan been adopted in any plan year?				res X No	
	lf "Ye	es," 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 of the PBGC?						
C							
13c(1) Name of plan(s):				13c(2) EIN(s) 13c(3)			<b>13c(3)</b> PN(s)
Cauti	ion: A	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	estab	lished.	

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/24/2012	KAREN KINCH				
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				