Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

F	ension B	enefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	h the instructions to the Form 550	0-SF.	Inspection
Pa	art I	Annual Report lo	dentification Information				
For	calend	lar plan year 2011 or fisc	al plan year beginning 01/01/201	1	and ending 1	2/31/2	011
Α	This re	turn/report is for:	X a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This re	turn/report is:	the first return/report	the final re	eturn/report		_
			an amended return/report	a short pla	an year return/report (less than 12 mo	onths)	
C	Chock	box if filing under:	☐ Form 5558 ☐		extension	[DFVC program
C	CHECK	box ii iiiing under.	special extension (enter description		Octoriolori	L	_ Di vo program
		Dania Dian Infan		,			
	art II		mation—enter all requested information	ation		4 h	Thomas disast
		of plan	.L.C. PROFIT SHARING PLAN				Three-digit plan number
1111	GJUIN	ASIC STORT GROOT, E	LLO. I KOITI SHAKINGT LAN				(PN) ▶ 001
						1c	Effective date of plan
							01/01/1995
2a	Plan s	ponsor's name and addr	ress; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identification Number
THE	GJUR	ÀSIC STORY GROUP, L	L.C.				(EIN) 53-8322609
						2c	Sponsor's telephone number
		AVE. S.					206-329-6457
SEA	TTLE, \	NA 98144-4908				2d	Business code (see instructions)
	Diama			-t "C	.,,,	2 h	524210
		ASIC STORY GROUP, L	address (if same as plan sponsor, er L.C. 2121 31ST A		•)	30	Administrator's EIN 53-8322609
		,	SEATTLE, W		908	3c	Administrator's telephone number
							206-329-6457
4			plan sponsor has changed since the l	ast return/i	report filed for this plan, enter the	4b	EIN
2		e, EIN, and the plan numb sor's name	per from the last return/report.			4c	DNI
			t the beginning of the plan year				TIN ,
			. ,			5a	<u> </u>
b			t the end of the plan year			5b	
С			count balances as of the end of the p	,	•	5c	
6a		,	during the plan year invested in eligible				X Yes No
b		•	he annual examination and report of a		,		
	under	r 29 CFR 2520.104-46? ((See instructions on waiver eligibility a	and conditi	ions.)	<u>′</u>	X Yes ∐ No
			ner 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.	
Pa	rt III	Financial Inform	ation		T		
7	Plan /	Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total	plan assets		. 7a	818539		785683
b		•		7b			0
<u> </u>	Net pl	lan assets (subtract line	7b from line 7a)	. 7c	818539		785683
8		ne, Expenses, and Trans			(a) Amount		(b) Total
а		ibutions received or rece	ivable from:	8a(1)	49000		
					0		
	` '	•		8a(2)	0		
h	` ,	` 0	5)	8a(3)	-46856	_	
b			0-(0) 0-(0) + 0 -)		-40000		2144
۲ C			8a(2), 8a(3), and 8b)	8c			2144
d			rollovers and insurance premiums	. 8d	35000		
е	•	,	tive distributions (see instructions)		0		
f			rs (salaries, fees, commissions)		0		
g		·			0		
h		·	8e, 8f, and 8g)				35000
i			e 8h from line 8c)				-32856
i		, , ,	ee instructions)		0		
,				8j			

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Form	5500	SF.	2011

Page 2 -	1
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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 2F 2G 2R 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

10	V Compliance Questions During the plan year:		Yes	No		Amou	ınt
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		7	····
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		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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		X			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com		Sched	ule SB	(Form		Yes X N
	5500))						res 🔨 i
12 a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3	302 of E	ERISA?.		Yes X N
а	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Mon	e or sections,	ction 3	302 of E	ERISA?.	the lette	Yes X N
a If y	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or sections,	ction 3	302 of E	ERISA?.	the lette	Yes X N
a If y b	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.	e or se	and e	302 of Enter th	ERISA?.	the lette	Yes X N
a If y	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ctions, th of a	and e	nter th Day	ERISA?.	the lette	Yes X N
a If y b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left)	ctions,	and e	12b 12c	ERISA?.	the lette	Yes X N
a If y b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Mon you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	and e	12b 12c	ERISA?.	the letter	Yes X N
a lf y b c d e Part	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Monyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions, ath	and e	12b 12c 12d	ERISA?.	the letter	Yes X N
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a lf y b c d e Part	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing granting the waiver. Monyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	ctions, th of a 1 under	and e	12b 12c 12d [ERISA?.	the letter Year	Yes X N
a If y b c d e Part 13a	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Monyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries.	of a	and e	12b 12c 12d Y	ERISA?.	the letter Year	Yes X N
a If y b c d Part 13a b c	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	12b 12c 12d Y	Yes Yes	the letter Year	Yes X N
a If y b c d Part 13a b c	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Monyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? WII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	12b 12c 12d	Yes Yes	the letter Year	Yes X N/
a If y b c d Part 13a b c	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Monyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? WII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a 1 under	and e	12b 12c 12d Y	Yes ERISA?.	the letter Year	Yes X N/

SIGN	Filed with authorized/valid electronic signature.	07/31/2012	LUKE K. GJURASIC
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

Filing Authorization for the 2011 Form-SF 5500

Name of Plan: The Gjurasic Story, L.L.C. Profit Sharing Plan

EIN / PN: 53-8322609 / 001

Plan Year Ending: December 31, 2011

PART I Authorization of Practitioner to Electronically Sign and File

I hereby authorize Panagiotu Pension Advisors, Inc. ("PPA) to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority that:

Plan year end stated above.

- I must manually sign and date page 1 of the Form 5500 and provide an original or scanned copy of that signature page to PPA before the electronic filing can be initiated;
- PPA will retain a copy of this written authorization in its records;
- PPA will notify the individual(s) signing below as plan administrator/employer about any
 inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this
 annual return/report; and
- A copy of my signature, as it appears on page 1 of the Form 5500, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.
- PPA shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named Plan and applies only for

Employer/Plan Sponsor: X Date: x72829/12 Luke K. Gjurasic
PART II Acknowledgement of Receipt of Authorization
On behalf of PPA, I hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose confidential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from thauthorized disclosure. For PPA: Authory G. Panagiotu, President

The designated service provider must retain this authorization.

Do not submit this form to the DOL unless requested to do so.

Department of the Treasury Internal Revenue Service

Department of Labor

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Shore Form Annual Metallin Metallic of Sinal Employee Benefit Plan

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

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

2011

1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
Fo	r calendar plan year 2011 or fiscal plan year beginning	01/01/	2011 and ending		12/31/2011
Α	This return/report is for: a single-employer plan	a multip	de-employer plan (not multiemployer)		X a one-participant plan
В	This return/report is: the first return/report	the fina	return/report		_
	an amended return/report	a short	olan year return/report (less than 12 m	onths)
С	Check box if filing under: Form 5558	automa	tic extension	•	DFVC program
	special extension (enter desc	ription)			
P	art II Basic Plan Information—enter all requested in	· · ·			
	Name of plan	TOTTHALIGIT		1h	Three-digit
	The Gjurasic Story Group, L.L.C. Profi	it Shari	na .		plan number
	Plan				(PN) ▶ 001
				1c	Effective date of plan
.2a	Plan sponsor's name and address; include room or suite number	or (omployer	if for a single ample (or plan)	O.L.	01/01/1995
	The Gjurasic Story Group, L.L.C.	ci (employei,	ii toi a single-employer plan)	2 D	Employer Identification Number (EIN) 53-8322609
	<u> </u>			20	Sponsor's telephone number
					(206) 329-6457
	2121 31st Ave. S.			2d	Business code (see instructions)
	Seattle		WA 98144-4908		524210
3a	Plan administrator's name and address (if same as plan sponso Same	or, enter "San	ne")	3b	Administrator's EIN
	Samo			30	Administrator's telephone number
				30	(206) 329–6457
4	If the name and/or EIN of the plan sponsor has changed since	he last return	/report filed for this plan, enter the	4b	
2	name, EIN, and the plan number from the last return/report. Sponsor's name			4	
	Total number of participants at the beginning of the plan year			4c	PN .
	Total number of participants at the end of the plan year			5a	
	Number of participants with account balances as of the end of t		L.	5b	
_	complete this item)			5c	
6a	Were all of the plan's assets during the plan year invested in el	igible assets	? (See instructions.)		Yes No
	Are you claiming a waiver of the annual examination and report	of an indepe	ndent qualified public accountant (IQF	PA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibi	lity and cond	tions.)		Yes No
Pa	If you answered "No" to either 6a or 6b, the plan cannot us	e Form Sou	-SF and must instead use Form 550	0.	
7	Plan Assets and Liabilities		(a) Beginning of Year	· I	(b) End of Year
а	Total plan assets	7a	723, 22	-	785, 683
b			120,22	1	703,000
С	Net plan assets (subtract line 7b from line 7a)		723, 225	5	785,683
8	Income, Expenses, and Transfers for this Plan Year	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a) Amount		(b) Total
а	Contributions received or receivable from:				
	(1) Employers	8a(1)	49,000]	
	(2) Participants			2	
	(3) Others (including rollovers)		(2	
	Other income (loss)				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				49,000
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8di			
e	Certain deemed and/or corrective distributions (see instructions)	—		-	
	Administrative service providers (salaries, fees, commissions)				
	Other expenses			-	
_	Total expenses (add lines 8d, 8e, 8f, and 8g)			rsietija.	<u> </u>
	Net income (loss) (subtract line 8h from line 8c)				
i	Transfers to (from) the plan (see instructions)		was reason to a to the transfer the second section of the section of th	e Janaha	49,000
	the state of the s	·····t Si	}	The State	大學 医乳腺 网络马克 医大大大 化二氯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基

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ar	t IV	Plan Characteristics	
)a	If the 21	plan provides pension benefits, E 2F 2G 2R 3D	enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

Par		Compliance Questions									
10		ing the plan year:				Yes	No		A	mount	
a	29	s there a failure to transmit to the plan any participant contribu CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Correction Pro	gram)	10a						
b	We on I	e there any nonexempt transactions with any party-in-interes ne 10a.)	t? (Do not include trai	sactions reported	10b						
C	Wa	s the plan covered by a fidelity bond?	•••••		10c						
d	Did or d	the plan have a loss, whether or not reimbursed by the plan's shonesty?	fidelity bond, that wa	s caused by fraud	10d					·	
е											
f		the plan failed to provide any benefit when due under the pla			10e 10f						
g		he plan have any participant loans? (If "Yes," enter amount a					3.7				
h	If thi	s is an individual account plan, was there a blackout period? ((See instructions and	29 CFR	10g		Х	-			
i	If 10	h was answered "Yes," check the box if you either provided the ptions to providing the notice applied under 29 CFR 2520.10	ne required notice or o	ne of the	10h						
art	VI	Pension Funding Compliance					············				
11	ls thi 5500	s a defined benefit plan subject to minimum funding requirements)	ents? (If "Yes," see in	structions and com	olete S	chedu	ıle SB	(Form		Yes	X No
12	ls th	s a defined contribution plan subject to the minimum funding	requirements of secti	on 412 of the Code	orsec	tion 30	02 of E	ERISA?	2	Yes	
	(If "Y If a w grant	es," complete 12a or 12b, 12c, 12d, and 12e below, as applic aiver of the minimum funding standard for a prior year is bein ing the waiver	able.) g amortized in this pl	an year, see instruc	tions :	and en	iter the	e date (of the I	letter ru	uling
		empleted line 12a, complete lines 3, 9, and 10 of Schedule		-		_					
		the minimum required contribution for this plan year				, , , , , , , , , , , , , , , , , , , ,	2b.				·
d	Subtr	the amount contributed by the employer to the plan for this p act the amount in line 12c from the amount in line 12b. Enter ive amount)	the result (enter a mir	ius sian to the left o	ıfa		2d				
		e minimum funding amount reported on line 12d be met by the						Yes		No.	X N/A
art '	No. 1	Plan Terminations and Transfers of Assets	ie iunumg deadime?.				[res		No	X N/A
		resolution to terminate the plan been adopted in any plan year?				—	Tv		T.,		•
		s," enter the amount of any plan assets that reverted to the er					Y6	3S	No	·	
		all the plan assets distributed to participants or beneficiaries,									
С	or the	ng this plan year, any assets or liabilities were transferred fro		,			troi			Yes	☐ No
	wnicr	assets or liabilities were transferred. (See instructions.)									·
10)C(1)	earrie or prants).				13c(2) EIN	i(s)		13c(3)	PN(s)
autic	n: A	penalty for the late or incomplete filing of this return/repo	ort will be assessed	unless reasonable	Caller	o is on	tablic				
nder B or :	penal Sched	ies of perjury and other penalties set forth in the instructions, use MB completed and signed by an enrolled actuary, as well correct and complete.	I declare that I have	examined this retur	n/reno	rt incl	udina	if appli	icable, ıy knov	a Sche wledge	edule and
(CM	- x	XXXX- IIIAIL	xF1299/11	Luke K. Gju	raci						
IGN ERE	Si	mature of plan administrator	Date				10 00	nlor od	minist		
IGN	-		Sato	Enter name of ind	MUUUU	signif	iy as j	лап <u>а</u> 0	ininisti	rator	
ERE	Si	nature of employer/plan sponsor	Enter name of ind	ividual	signin	ıg as e	employ	er or p	lan spo	nsor	