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h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 3885 i Net income (loss) (subtract line 8h from line 8c) 8i 58582	g		(· · · · ,		3885					
		Total expenses (add lines 8d, 8	3e, 8f, and 8g)					3885		
j Transfers to (from) the plan (see instructions)	i	Net income (loss) (subtract line	e 8h from line 8c)	8i				58582		
	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 2F 2G 2J 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	Ar	nount	
а		Vas 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	X		
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		х			
С	W	as the plan covered by a fidelity bond?	10c				50000	
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d	10d				
е	ins	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	ance service or other organization that provides some or all of the benefits under the plan? (See		X			
f	На	s the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				Х			
i		0h 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		Х			
Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Yes	X No
12	ls t	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	lf a gra	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct nting the waiver	ctions, th	and e	nter th Day	ne date of the	etter ruli ar	ng
lf y	/ou	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-				
b	Ent	er the minimum required contribution for this plan year			12b			
С	Ent	er the amount contributed by the employer to the plan for this plan year			12c			
d		ptract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left pative amount)			12d			
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						N/A	
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	s a resolution to terminate the plan been adopted in any plan year?			Y	Yes X No		
	lf "`	Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b								X No
C	lf d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ch assets or liabilities were transferred. (See instructions.)					-	
13c(1) Name of plan(s):						13c(2) EIN(s) 13c(3) PN(s)		
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	lished.		
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 applicable	, a Sche	dule

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.	08/01/2012	MARY C. HARTNEY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	08/01/2012	MARY C. HARTNEY
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor