Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	Complete all entries in acc	ordance witl	n the instructions to the Form 550	0-SF.		•
	art I Annual Report Identi						
For	calendar plan year 2011 or fiscal plan	n year beginning 01/01/2	011	and ending 1	2/31/2	2011	
Α	This return/report is for:	ingle-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan
В	This return/report is:	first return/report	the final re	eturn/report		_	
_		amended return/report	믐	in year return/report (less than 12 mo	anths)		
_	片 _	•	H .	, ,	511(115)	Π DEVC	
C		rm 5558		extension		DFVC progra	m
	spe	ecial extension (enter descrip	otion)				
Pa	art II Basic Plan Information	on —enter all requested infor	rmation				
	Name of plan				1b	Three-digit	
SEAT	TTLE SPORTS LEAGUES, INC. 401(K) PLAN				plan number	004
					4.	(PN) •	001
					10	Effective date of 01/01	•
22	Dian anangar's name and address; in	aduda raam ar auita numbar	(ampleyer if	for a single employer plan)	2h		
	Plan sponsor's name and address; in TTLE SPORTS LEAGUES, INC.	iciade room of suite number	(employer, ii	ioi a single-employer plan)	20	Employer Identification (EIN) 80-00	
					20	Sponsor's telep	
					20	206-25	
	9TH AVE N STE D TTLE, WA 98109				2d		see instructions)
0_/.						71390	•
3a	Plan administrator's name and addre	ess (if same as plan sponsor	enter "Same	")	3b	Administrator's I	
	ITLE SPORTS LEAGUES, INC.	305 9TH A	VE N STE D	,			10587
		SEATTLE,	WA 98109		3с		elephone number
						206-25	-8326
4	If the name and/or EIN of the plan sp		e last return/i	report filed for this plan, enter the	4b	EIN	
3	name, EIN, and the plan number fro	m the last return/report.			4c	DN	
	Sponsor's name Total number of participants at the b	egipping of the plan year				T T	
	, ,				5a		<u> </u>
b	Total number of participants at the e				5b		1
С	Number of participants with account				5c		
	complete this item)						V D. N.
-	Were all of the plan's assets during		•	` '			X Yes No
b	Are you claiming a waiver of the anr under 29 CFR 2520.104-46? (See in						X Yes No
	If you answered "No" to either 6a		•	•			
Pa	art III Financial Information						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
а	Total plan assets		7a	158667		(0) =	183210
b	Total plan liabilities						
c	Net plan assets (subtract line 7b from			158667			183210
$\overline{}$	Income, Expenses, and Transfers for	,	70			(6) 7	
8 a	Contributions received or receivable			(a) Amount		(b) T	Uldi
а	(1) Employers		8a(1)	16911			
	(2) Participants			20517			
	(3) Others (including rollovers)						
b	, , ,			-7206			
	Other income (loss)			1200			30222
۲ C	Total income (add lines 8a(1), 8a(2)						30222
d	Benefits paid (including direct rollove to provide benefits)			5679			
е	Certain deemed and/or corrective di						
f	Administrative service providers (sal	,					
		,					
g	Other expenses						E670
h	Total expenses (add lines 8d, 8e, 8f						5679
ĺ	Net income (loss) (subtract line 8h fr	,					24543
j	Transfers to (from) the plan (see ins	tructions)	···· 8j				

Form 5500-SF 2011	

Page	2	-	,		
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Part IV	Plan	Characte	aristics
ralliv	- FIAII	Guaraci	ยเอแรอ

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2A 2E 2J 2K 3D 2F 2G 2R
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	During the plan year:		Yes	No		Amo	ount	
	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		
)	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
;	Was the plan covered by a fidelity bond?	10c	Χ					10000
i	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				
•	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					166
•	Has the plan failed to provide any benefit when due under the plan?	10f		X				
9	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		X				
	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				
rt `	VI Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					П	Yes	X No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
								110
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						_	_
a	(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		and e	nter th	e date d	of the le	tter rulin	g
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	th	and e	nter th	e date d	of the le	tter rulin	g
a Ify	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.	th	and e	nter th	e date d	of the le	tter rulin	g
a fy b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	th	and e	nter th Day ₋	e date d	of the le	tter rulin	g
a fy b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	th of a	and e	nter th Day	e date d	of the le	tter rulin	g
a fy b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	th of a	and e	nter th Day 12b 12c 12d	e date d	of the le Yea	tter rulin	g
a If y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Montou 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)	th of a	and e	nter th Day 12b 12c 12d	e date d	of the le Yea	tter rulin	g
a fy b c d	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?	of a	and e	12b 12c 12d	e date o	of the le Yea	tter rulin	g
a lfy b c d	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	e date o	of the le Yea	tter rulin	g
a lfy b c d ert	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a1 under	and e	12b 12c 12d	e date o	of the le Yea	tter rulin	9 N/A
a If y b c d e rt a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d	e date o	of the le Yea	tter rulin	g
a If y b c d e rt a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d	e date o	of the le Yea	tter rulin	g
f y b c d e t a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d	Yes X	of the le Yea	tter rulin	g
a If y b c d e rt a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Montou 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 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 X	of the le Yea	tter rulin r No	g
f y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Montou 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 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 X	of the le Yea	tter rulin r No	g

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/05/2012	SHAWN MADDEN
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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Р	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning	01/01/2	011 and ending		12/31/2011
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:	the final i	return/report		
	an amended return/report	a short pl	an year return/report (less than 12 m	onths)	•
С	Check box if filing under: X Form 5558	automati	extension		DFVC program
•	special extension (enter description	on)			_
P	art II Basic Plan Information—enter all requested inform			-	
	Name of plan			1b	Three-digit
	Seattle Sports Leagues, Inc. 401(k) Plan	ı			plan number
	-			4-	(PN) 001
				10	Effective date of plan 01/01/2007
2a	Plan sponsor's name and address; include room or suite number (e	emplover, i	for a single-employer plan)	2b	Employer Identification Number
	Seattle Sports Leagues, Inc.				(EIN) 80-0010587
				2c	Sponsor's telephone number
	305 9th Ave N Ste D				(206) 251-8326
				2d	Business code (see instructions) 713900
	Seattle	-4 50	WA 98109	2h	Administrator's EIN
Ja	Plan administrator's name and address (if same as plan sponsor, escame as plan administrator's name and address (if same as plan sponsor, escame as p	nter Same	;)	30	Administrator 5 Em
				3с	Administrator's telephone number
				415	
4	If the name and/or EIN of the plan sponsor has changed since the lame, EIN, and the plan number from the last return/report.	iast return/	report filed for this plan, enter the	4b	EIN
a	Sponsor's name			4c	PN
5a	Total number of participants at the beginning of the plan year	••••••	,	5a	1.3
h	Total number of participants at the end of the plan year			- L	1.3
b	Total flumber of paradiparks at the old of the plan year		***************************************	5b	1.3
C	Number of participants with account balances as of the end of the complete this item)	plan year (defined benefit plans do not	5c	3
	Number of participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants.	plan year (defined benefit plans do not	5c	3
c	Number of participants with account balances as of the end of the possible complete this item)	plan year (le assets? an indeper	defined benefit plans do not (See instructions.)	5c	X Yes
6a	Number of participants with account balances as of the end of the possible to the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	plan year (le assets? an indeper and condit	defined benefit plans do not (See instructions.) ndent qualified public accountant (IQ ions.)	5c	X Yes
6a b	Number of participants with account balances as of the end of the promplete this item)	plan year (le assets? an indeper and condit	defined benefit plans do not (See instructions.) ndent qualified public accountant (IQ ions.)	5c	X Yes
6a b	Number of participants with account balances as of the end of the complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use Firt III. Financial Information	plan year (le assets? an indeper and condit	defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ions.) SF and must instead use Form 55	5c	
6a b Pa	Number of participants with account balances as of the end of the promplete this item)	plan year (le assets? an indeper and condit orm 5500-	defined benefit plans do not (See instructions.) ndent qualified public accountant (IQ ions.)	5c PA)	X Yes
6a b Pa	Number of participants with account balances as of the end of the promplete this item)	plan year (ble assets? an indeper and condit orm 5500-	(See instructions.)dent qualified public accountant (IQ ions.)SF and must instead use Form 55	5c PA)	
6a b Pa 7 a b	Number of participants with account balances as of the end of the promplete this item)	plan year (ble assets? an indeper and condit orm 5500-	(See instructions.)dent qualified public accountant (IQ ions.)SF and must instead use Form 55	5c PA)	
6a b Pa 7 a b	Number of participants with account balances as of the end of the complete this item) Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Firt III. Financial Information Plan Assets and Liabilities Total plan liabilities	plan year (ele assets? an indeper and condit orm 5500- 7a 7b	(See instructions.) (See instructions.) Ident qualified public accountant (IQ ions.) SF and must instead use Form 55 (a) Beginning of Year 158,66	5c PA)	X Yes No No No No No No No N
6a b Pa 7 a b c	Number of participants with account balances as of the end of the promplete this item)	plan year (ple assets? an indeper and condit orm 5500- 7a 7b 7c	(See instructions.)	5c PA) 00.	X Yes No No No No No No No N
6a b Pa 7 a b c	Number of participants with account balances as of the end of the promplete this item)	plan year (ple assets? an indeper and condit orm 5500- 7a 7b 7c	(See instructions.) (See instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 55 (a) Beginning of Year 158,66 (a) Amount	5c PA) 00.	X Yes No No No No No No No N
6a b Pa 7 a b c	Number of participants with account balances as of the end of the promplete this item)	plan year (ple assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.)	5c PA) 00.	X Yes No No No No No No No N
6a b Pa 7 a b c 8 a	Number of participants with account balances as of the end of the promplete this item)	plan year (ple assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.)	5c PA) 00.	X Yes No No No No No No No N
Gaab Paab c 8 a b	Number of participants with account balances as of the end of the promplete this item)	plan year (ple assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 55 (a) Beginning of Year 158,66 (a) Amount	5c PA) 00.	X Yes No No X Yes No No No No No No No N
Gaab Paabc 8 a	Number of participants with account balances as of the end of the promplete this item)	plan year (ple assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.)	5c PA) 00.	X Yes No No No No No No No N
Gaab Paab c 8 a b	Number of participants with account balances as of the end of the promplete this item)	plan year (ple assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.)	5c PA) 00. 57 -1 -7 -1 -7 -1 -7 -1	X Yes No No X Yes No No No No No No No N
Gaab Paabc 8 a	Number of participants with account balances as of the end of the promplete this item)	plan year (ple assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.) (See instructions.) (IQuions.) (SF and must instead use Form 55 (a) Beginning of Year 158,66 (a) Amount 16,91 20,51	5c PA) 00. 57 -1 -7 -1 -7 -1 -7 -1	X Yes No No X Yes No No No No No No No N
Pa b c 8 a b c d	Number of participants with account balances as of the end of the promplete this item)	plan year (ple assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(See instructions.) (See instructions.) (IQuions.) (SF and must instead use Form 55 (a) Beginning of Year 158,66 (a) Amount 16,91 20,51	5c PA) 00. 57 -1 -7 -1 -7 -1 -7 -1	X Yes No No X Yes No No No No No No No N
6a b Pa 7 a b c 8 a b c d	Number of participants with account balances as of the end of the promplete this item)	plan year (ple assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8d 8e	(See instructions.) (See instructions.) (IQuions.) (SF and must instead use Form 55 (a) Beginning of Year 158,66 (a) Amount 16,91 20,51	5c PA) 00. 57 -1 -7 -1 -7 -1 -7 -1	X Yes No No X Yes No No No No No No No N
Gabbaaaabaaabaaabaaabaaf	Number of participants with account balances as of the end of the promplete this item)	plan year (ple assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(See instructions.) (See instructions.) (IQuions.) (SF and must instead use Form 55 (a) Beginning of Year 158,66 (a) Amount 16,91 20,51	5c PA) 00. 57 -1 -7 -1 -7 -1 -7 -1	X Yes No No X Yes No No No No No No No N
Pa 7 a b c 8 a b c d e f g	Number of participants with account balances as of the end of the promplete this item)	plan year (le assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i	(See instructions.) (See instructions.) (IQuions.) (SF and must instead use Form 55 (a) Beginning of Year 158,66 (a) Amount 16,91 20,51	5c PA) 00. 57 -1 -7 -1 -7 -1 -7 -1	X Yes No No X Yes No No No No No No No N

Pan	NV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension feat 2A 2E 2J 2K 3D 2F 2G 2R	ature codes from the	e List of Plan Charac	cteris	tic Co	des in	the instru	ctions:	
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:			Т	Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribution	ns within the time pe	eriod described in					Amount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)		10b		х				
С	Was the plan covered by a fidelity bond?	*****		10c	х				10,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	lelity bond, that was	caused by fraud	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other		-						
	insurance service or other organization that provides some or all of t instructions.)	he benefits under th	e plan? (See	10e	x				166
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х			
	Did the plan have any participant loans? (If "Yes," enter amount as o		F			X		***************************************	
g h	If this is an individual account plan, was there a blackout period? (Se			10g	-	Λ.	1135 1755 1571	Callering Spring	
n	2520.101-3.)		i i	10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i		х			
Part	Pension Funding Compliance								
	Is this a defined contribution plan subject to the minimum funding re-								i ⊠ No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	· ·						P-A-M	
•. a:	If a waiver of the minimum funding standard for a prior year is being	amortized in this pla							ıling
	granting the waiver.			י		Day		Year	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N				Г	12b			
	Enter the minimum required contribution for this plan year				ີ ⊢	120 12¢			
	Enter the amount contributed by the employer to the plan for this plan				" -	IZC			
∗ d	Subtract the amount in line 12c from the amount in line 12b. Enter th negative amount)	•			L	12d		<u> </u>	
	Will the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No	N/A
Part '	/II Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?					<u> </u>	es X	10	
	If "Yes," enter the amount of any plan assets that reverted to the emp	oloyer this year		13	a				
b	Were all the plan assets distributed to participants or beneficiaries, troof the PBGC?		-	nder t	he co	ntrol		Yes	X No
	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	plan	(s) to	,			
13	c(1) Name of plan(s):				13c	(2) El	N(s)	13c(3) PN(s)
	444								
Caution	on: A penalty for the late or incomplete filing of this return/repor	t will be assessed	unless reasonable	caus	e is e	establ	ished.		
SB or	penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a it is true, correct, and complete.								
0.0	dr 0.	9/3/2012	Shawn Madder	n					
SIGN		Date	Enter name of indi		al sian	ina se	nlan adm	inistrator	
SIGN	orginature or place administrator	Date	Line name of mu	ividua	ar əlyli	miy at	yiaii aulii	ii ii Sti alUl	
HERE		Date	Enter name of indi	lividua	al sign	ing as	employer	or plan sp	onsor
							, ,		

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