	Form 5500-SF		eturn/l Benefit	Report of Small Employ	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service		d under sections 104 and 4065 of the Employee			2	2011			
	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	ISA), and sections 6057(b) and 6058( Code (the Code).		of This Form is Open to Public Inspection				
P	ension Benefit Guaranty Corporation	h the instructions to the Form 5500	-SF.	1115	pection					
	Part I         Annual Report Identification Information           For calendar plan year 2011 or fiscal plan year beginning         01/01/2011         and ending         12/31/2011									
		a single-employer plan			2/31/2					
	This return/report is for:	e-employer plan (not multiemployer)		a one-particip	bant plan					
B	This return/report is:	eturn/report								
		an amended return/report	•	an year return/report (less than 12 mo	nths)	-				
C	C Check box if filing under:									
		special extension (enter description								
		nation—enter all requested inform	ation		44					
	Name of plan ND PSYCHIATRY & PSYCHOL				10	Three-digit plan number				
		OGT, INC. 40TK FLAN				(PN)	001			
					1c	Effective date of	f plan			
						01/01/				
	Plan sponsor's name and addre	ess; include room or suite number (e .OGY, INC	mployer, if	for a single-employer plan)			43258			
906 S	ECOND AVE, STE 600			_		Sponsor's telep 509-458	3-5889			
SPOł	KANE, WA 99201-4539				2d	Business code ( 62111				
	Plan administrator's name and ND PSYCHIATRY & PSYCHOL		DAVE, STE	E 600		-	43258			
		SPOKANE, V			Administrator's telephone number 509-458-5889					
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the l	ast return/i	report filed for this plan, enter the	4b	EIN				
а	Sponsor's name				4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a		14			
<b>b</b> Total number of participants at the end of the plan year					5b		11			
С		count balances as of the end of the p			<b>F</b> •		9			
60					5c		<u> </u>			
				(See instructions.) Ident qualified public accountant (IQP			X Yes 🗌 No			
				ions.)			X Yes 🗌 No			
De			orm 5500-	SF and must instead use Form 550	0.					
	rt III   Financial Informa	ation					- ( )/			
7	Plan Assets and Liabilities		70	(a) Beginning of Year 467445	+	(b) End	496650			
a b	•									
	•	/b from line 7a)	70 70	467445			496650			
8	Income, Expenses, and Transf			(a) Amount		(b) T	otal			
а	Contributions received or recei					(17)				
	(1) Employers		. 8a(1)	25469	_					
	(2) Participants		. 8a(2)	34838	_					
	() ()	)		0	-					
_	· · · ·			-15914			44393			
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	. 8c							
u			. 8d	7339						
e Certain deemed and/or corrective distributions (see instructions)				0						
f	Administrative service provider	s (salaries, fees, commissions)	. 8f	7849						
g	Other expenses		. 8g	0						
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	. 8h				15188			
i	( )(	e 8h from line 8c)				29205				
j	Transfers to (from) the plan (se	ee instructions)	8j	0						

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 2R 3B 3D 2T 2A
- **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	Duri	ng the plan year:		Yes	No	A	mount	
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)				Х			
b	<b>b</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	X			75000	
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		Х			
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		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			
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR ).101-3.)	10h		Х			
i		h was answered "Yes," check the box if you either provided the required notice or one of the privilence of privilence applied under 29 CFR 2520.101-3	10i					
Part		Pension Funding Compliance				1		
11	ls thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	•				Yes No	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes X No	
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	<i>v</i> aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiverMon						
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	Ente	r the minimum required contribution for this plan year			12b			
С		r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)			12d			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/A	
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			١	res X No		
	lf "Y€	es," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?					Yes X No	
C								
1	3c(1)	Name of plan(s):	13c(2) EIN(s) 13			<b>13c(3)</b> PN(s)		
<u> </u>								
Caut	ion: A	v penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	ished.		

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.	10/11/2012	JANICE SIMCHUK
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

Determined to the flat with the intervence Code (the Code)     The form is required to be field order and 4005 of the Employee of the Code (the Code)     The form is code of the Code (the Code)     The form is code of the Code (the Code)     The form is code of the Code (the Code)     The form is code of the Code (the Code)     The form is code of the Code (the Code)     The form is code of the Code (the Code)     The form is code of the Code (the Code)     The form is code of the code (the Code)     The form is code (the code)     The form is code of the code (the code)     The form is code of the code (the code)     The form is code of the code (the code)     The form is code of the code (the code)     The form is code of the code (the code)     The form is code of the code (the code)     The form is code of the code (the code)     The form is code of the code (the code)     The form is code of the code (the code)     The for	Form 5500-SF	Short Form Annual		n/Report of Small Emplo fit Plan	OMB Nos. 1210-0110 1210-0089					
Description         Reference flucture         Reference flucture         Complete all entries flucture Code (the Code) (code) of the form \$500.57.         The Form is Open to Public impection           Part I Annual Report Identification Information         1/01/2011         and ender         1/2/31/2011           A The seturit/report is for:         3 and ender genome         0.1/01/2011         and ender         1/2/31/2011           B The seturit/report is for:         3 and ender demonstration         1/01/2011         and ender         0.1/01/2011         and ender           C Obeck box If Sling under:         Form 5558         1 audoentic extension         0.1/01/2011         and ender         0.0/01/2011         0.0/01/2011         0.0/01/2011         0.0/01/2011         0.0/01/2011         0.0/01/2011         0.0/01/2011         0.0/01/2011         0.0/01/2011         0.0/01/2011         0.		This form is required to be f	filed under	sections 104 and 4065 of the Employ	2011					
Pert I         Summal Report (data price and pric and price and price and price and price and price and	Department of Labor Employee Benefits Security Administration	Retirement Income Security Act	of 1974 (E	ERISA), and sections 6057(b) and 60	(a) of					
Part         Annual Report Identification information         Proceeding Dynamic Diary as Equip information       1/01/2011       and ending       12/31/2011         A This return/report is       B a bindle-employer plan       B multiple-employer plan note multisemployer       B a cone-participant plan         B This return/report is       B the first number of the origin year form for multiple model or the maximum of the origin year form formation       B cone-participant plan         C Check box if filling unde:       Form 553a       B automatic extension       DFVC program         Expected extension       B automatic extension       DFVC program       DFVC program         Expected extension       DFVC program       DFVC program			. ,		Increation					
A This return/report is for: <ul> <li>A single-employer plan (not multiemployer)</li> </ul> <li>C Cack best filting under:         <ul> <li>A plan anonded battering</li> <li>A plan anonded batterin</li></ul></li>	Part   Annual Report Identification Information									
B       Tiss returning of is:       In this returning of is:       I			12/31/2011							
C Check box if filing under:	A This return/report is for:	a single-employer plan	ple-employer plan (not multiemployer)		a one-participant plan					
C Check box If filing under:	B This return/report is:	the fina	I return/report	Recol						
Image: Part II       Basic Plan Information		an amended return/report	a short	plan year return/report (less than 12 n	nonths	)				
Part III       Easic Plan Informationenter al requested information         1a Name of plan       1b Three-digit plan number (PN)       01         INLAND PSYCHLATRY & PSYCHOLOGY, INC. 401K PLAN       1b Three-digit plan number (PN)       01         2a Plan sponsor's name and address; include room or saile number (employer, if for a single-employer plan)       1b Effective date of plan       01.01/1393         2b Employer Medification Number (EM) (SAND PSYCHLATRY & PSYCHOLOGY, INC       906 SECOND AVE, STE 600       2b Employer Medification Number (EM) (SAND PSYCHLATRY & PSYCHOLOGY, INC       30 Administrative SEND         SPOKANE       VA       92201-4539       2b Employer Medifications (SAND PSYCHLATRY & PSYCHOLOGY, INC       30 Administrative SEND         906 SECOND AVE, STE 600       921-1743258       30 Administrativer's EMP (SAND PSYCHLATRY & PSYCHOLOGY, INC       30 Administrativer's EMP (SAND PSYCHLATRY & PSYCHOLOGY, INC         906 SECOND AVE, STE 600       92-21-4539       35 Administrativer's EMP (SAND PSYCHLATRY & PSYCHOLOGY, INC       30 Administrativer's EMP (SAND PSYCHLATRY & PSYCHOLOGY, INC         906 SECOND AVE, STE 600       92-11-4539       36 Administrativer's EMP (SAND PSYCHLATRY & PSYCHOLOGY, INC       30 Administrativer's EMP (SAND PSYCHLATRY & PSYCHOLOGY, INC         91 Stati number of participants with account balances a changed since the last return/report field for this plan, enter the annual examination and report of an independent qualified public accountant (IOPA)       See 9         <	C Check box if filing under:	Form 5558	automatic extension							
1a Name or plan       1b Three-digit       plan         1x NLAND PSYCHIATRY & PSYCHOLOGY, INC. 401K PLAN       1b Dimombre (PA)       plan         2a Plan sponsor's name and address; include mom or sule number (employer, if for a single-employer plan)       11k1AND FSYCHIATRY & PSYCHOLOGY, INC       2b Employer identification Number (EM) in 1743258         2of SECOND AVE, STE 600       2C Sponsor's telephone number (see instructions)       26 Plan administrator's name and address; include mom or sule number (semployer, etc.)       2b Employer identification Number (EM) in 1743258         3p Plan administrator's name and address; include mom or sule number (semployer, if for a single-employer plan)       3b Plan administrator's name and address; include mom or sule number (semployer identification number SOP-14539       2c Sponsor's telephone number SOP-14539         3p Plan administrator's name and address; include mom or sule number (semployer identification number SOP-14539       3b Administrator's helphone number SOP-14539         3d If the name and/or EN of the plan sponsor, as changed since the tast return/report filed for this plan, enter the name.       3b 112         3 Total number of participants at the beginning of the plan year.       5a 144         b Total number of participants with account blances as of the end of the plan year (defined benefit plans do not complete had the same and taber sets of the same sets (subtratifies address of the set of the plan year (defined benefit plans do not set)       5c 9         6f Were all of the plan seets       7a 14674445       40 Fotas <td></td> <td>• • •</td> <td>•</td> <td></td> <td></td> <td></td>		• • •	•							
TNLAND PSYCHIATRY & PSYCHOLOGY, INC. 401K PLAN	Part II Basic Plan Inform	ation-enter all requested infor	mation							
Image: construction of the state of the plan spansor, enter "Same")     Image: construction of the plan spansor is suffered as a construction of the plan spansor, enter "Same")     Image: construction of the plan spansor, enter "Same")       906 SECOND AVE, STE 600     20 Employer learning     20 Employer and address; (include room or sufference on the plan spansor, enter "Same")     3b Administrator's Einer       906 SECOND AVE, STE 600     20 Sponsor's telephone number     20 Employer and address; (if any a spansor, enter "Same")     3b Administrator's Einer       906 SECOND AVE, STE 600     3c Administrator's Einer     3b Administrator's Einer       906 SECOND AVE, STE 600     3c Administrator's Einer       906 SECOND AVE, STE 600     3c Administrator's Einer       906 ASECOND AVE, STE 600     3c Administrator's telephone number       906 ASECOND AVE, STE 600     3c Administrator's telephone number       906 SECOND AVE, STE 600     3c Administrator's telephone number       906 SECOND AVE, STE 600     3c Administrator's telephone number       906 SECOND AVE, STE 600     3c Administrator's telephone number       906 SECOND AVE, STE 600     3c Administrator's telephone number       906 SECOND AVE, STE 600     3c Administrator's telephone number       906 SECOND AVE, STE 600     3c Administrator's telephone number       906 SECOND AVE, STE 600     3c Administrator's telephone number       906 SECOND AVE, STE 600     3c Administrator's telephone number <t< td=""><td></td><td></td><td></td><td></td><td>1b</td><td></td></t<>					1b					
Ic     Effective date of plan 0.2/01/1998       2a     Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) INLAND PSYCHIATRY & PSYCHOLOGY, INC     2b       906     SECOND AVE, STE 600     2c       Sponcar telephone number (EIN) 91-1743258     2c       Sponcar telephone number 509-458-5589     2d       POR AME     NA     99201-4539       3d     Plan administrator's name address (frame as plan sponsor, enter "Same") INLAND FSYCHIATRY & PSYCHOLOGY, INC     3b       906     SECOND AVE, STE 600     3c       SPOKANE     WA     99201-4539       906 SECOND AVE, STE 600     3c       SPOKANE     WA     99201-4539       906 SECOND AVE, STE 600     3c     Administrator's telephone number 509-458-5809       SPOKANE     WA     99201-4539       4 fthe name andor EIN of the plan sponsor has changed atnoc the last return/report filed for this plan, enter the atme, EIN, and the plan sponsor has changed atnoc the last return/report filed for this plan, enter the atme, EIN, and the plan spansor has changed atnoc the last return/report filed for this plan, enter the atmet of participants at the ed of the plan year     5a       5a     14     5b     11       5a     14     5b     11       5a     14     5b     11       5a     14     5b     11       5a     14 <td>INDAND PSICHIAIRI &amp; P</td> <td>SYCHOLOGY, INC. 401K</td> <td>. PLAN</td> <td></td> <td></td> <td></td>	INDAND PSICHIAIRI & P	SYCHOLOGY, INC. 401K	. PLAN							
22         Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) INLAND PSYCHIATRY & PSYCHOLOGY, INC         20         Promover Manification Number (EIN) 91-1743258           906         SECOND AVE, STE 600         22         Sponsor's telephone number (SIN) 91-1743258         23         Sponsor's telephone number (SIN) 91-1743258           33e         Fibre administrator's name and address; (if same as plan sponsor, ontor 'Same') INLAND PSYCHIATRY & PSYCHOLOGY, INC         3b         Administrator's EIN (SIN) 1743258         3b           906         SECOND AVE, STE 600 SPOKANE         MA         99201-4539         3c         Administrator's EIN (SIN) 1743258           906         SECOND AVE, STE 600 SPOKANE         MA         99201-4539         3c         Administrator telephone number (SIN) 1743258           906         SECOND AVE, STE 600 SPOKANE         MA         99201-4539         3c         Administrator telephone number (SIN) 1743258           4         the name andor CEN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number for the last return/report         4c         PN           5a         Tatal number of participants at the end of the plan year (defined benefit plans, eaccurated in eligible assets? (Gee instructions.)         ME         5a         11           c Number of participants with account balancesanot use Form SS00-SF and must instead use Form S					1c					
INLAND PSYCHTARRY & PSYCHOLOGY, INC     (EIN) 91-1743253       906 SECOND AVE, STE 600     26 Sponsor's blephone number       SPOKANE     WA     99201-4539       30 Fina administrator's name and address (I same as plan sponsor, enter 'Same')     3b Administrator's EIN       911.1743258     20       906 SECOND AVE, STE 600     32 Administrator's telephone number       906 SECOND AVE, STE 600     92201-4539       906 SECOND AVE, STE 600     92201-4539       907 SECOND AVE, STE 600     92201-4539       908 SECOND AVE, STE 600     92201-4539       908 SECOND AVE, STE 600     92201-4539       909 Atsistator's telephone number for the lant sponsor has changed since the last return/report filed for this plan, enter the name. Ent. N and the plan number for dructopants at the end of the plan year       5a Total number of participants at the end of the plan year     5a       5a Total number of participants at the end of the plan year (defined benefit plans do not complete this liem).     Mark '92 answerd' (See instructions).       10 Are you claiming a water of the annual examination and report of an independent qualified public accountant ((DPA)     Mark '9 Yes   No       17 Part III Triancial Information     7a     467445       17 Pain Assets and Liabilities     7a     467445       17 Add plan inabilities     7a     467445       17 Tela plan inabilities     7a     467445       17 Pian Asse										
906 SECOND AVE, STE 600       2c Sponsor's blephone number 509-458-5889         3a Pian administrator's name and address (if same as plan sponsor, enter "Same")       3b Administrator's EIN 91-1743258         3d Fian administrator's name and saddeess (if same as plan sponsor, enter "Same")       3b Administrator's EIN 91-1743258         3d Fian administrator's Name and State (State)       3c Administrator's EIN 91-1743258         3d Fian administrator's EIN 906 SECOND AVE, STE 600 SECORANE       3c Administrator's EIN 91-1743258         3d If the name and/or EIN of the plan sponsor, enter "Same")       3b Administrator's Elephone number 509-458-5889         4 If the name and/or EIN of the plan sponsor, enter "same")       3b Administrator's Elephone number 509-458-5889         50 Secora name       4c PN         51 Total number of participants at the beginning of the plan year       5a         52 Total number of participants at the end of the plan year       5c         52 Total number of participants at the advise of an independent qualified public accountant (ICPA)       W Yes [] No         52 Are you claiming a water of the annuot scannot use Form 5500-SE and must instead use Form 5500.       Yes [] No         50 Are you claiming a water of the plan year invested in eligible assets? (See instructions.)       [] Yes [] No         50 Are you claiming awater of the number and annuot use Form 5500-SE and must instead use Form 5500.       [] Part [] Ne [] Nome Claimore (ad lines 500.         Part you awa	2a Plan sponsor's name and addres INLAND PSYCHIATRY & PS	s; include room or suite number ( YCHOLOGY, INC	(employer,	if for a single-employer plan)	2b					
SPOKANE     SOCANE     SOCANE </td <td></td> <td></td> <td></td> <td></td> <td>20</td> <td></td>					20					
SPOCANE     WA     92201-4539     621112       TAR_Plan administrator's man address (same as plan sponsor, enter 'Same')     3b     Administrator's EIN       906     SECOND AVE, STE 600     3c     Administrator's telephone number       SPOALNE     WA     99201-4539     3c     Administrator's telephone number       SPOALNE     WA     99201-4539     3c     Administrator's telephone number       SPOALNE, NA dthe plan number for the last return/report     filed for this plan, enter the name, EIN state teurn/report.     509-458-5889       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 state teurn/report.     5a     14       5a     Total number of participants at the end of the plan year     5a     5a     14       5a     Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).     Sc     9       6a     Were all of the plan 's assets during the plan year invested in eligible assets? (See instructions.)     Sc     9       for tal number of participants with account balances as of the end of the plan year invested in eligible assets? (See instructions.)     Sc     Yes     No       b rey usame of the plan year     Total plan assets     Total plan assets     Yes     No     Yes     No       7     Plan Assets and Liabilities <td>906 SECOND AVE, STE 60</td> <td>0</td> <td></td> <td></td> <td></td> <td colspan="5"></td>	906 SECOND AVE, STE 60	0								
38. Plan administrator's name and address (if same as plan sponsor, enter 'Same')       3b. Administrator's EIN         916. SECOND AVE, STE 600       39.201-4539         SPCANNS       WA       99201-4539         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the       4b. EIN         a Sponsor's name       4c. PN         56. Total number of participants at the beginning of the plan year       5a         51. Total number of participants at the end of the plan year       5a         52. Vere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Spc Yes I         56. Vere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Str Yes I         57. Vere 320.104.69? (See instructions on valuer eligibility and conditions.)       Yes I         77. Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         78. Plan additines may assets (subtract line 7a).       7c       467445       496650         78. Total plan assets (subtract line 7a).       7c       467445       496650         79. Total plan assets (subtract line 7b from line 7a).       7c       467445       496650         78. Otal plan assets (subtract line 7b from line 7a).       7c       467445       496650         8 Income, Expenses, and Tansfer	SPOKANE	WA 99201 4520			2d	Business code (see instructions)				
906.5B2CND AVE, STE 600 SPOKANE       A 99201-4539       3C Administrator's telephone number 509-456-5889         4 Fithe name and/or EIN of the plan sponsor has changed since the last return/report.       4D EIN         a Sponsor's name       4L       EN         5a Total number of participants at the beginning of the plan year       5a       14         b Total number of participants at the end of the plan year       5a       14         b Total number of participants at the end of the plan year       5a       14         b Total number of participants at the segment and the report of an independent qualified public accountant (ICPA)       Xers       9         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xers       No       Xers       No         f You answered *Nor to the annual examination and report of an independent qualified public accountant (ICPA)       Xers       No         r You answered *Nor to ether 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Yers       No         7 Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year       496650         a total plan assets.       7a       4674445       496650         8 total plan tassets (subtract line 7b from line 7a)       7c       4674445       496650         8 income, Expenses, and Transfers for this Plan Year <td></td> <td></td> <td>notos "Com</td> <td> <i>P</i></td> <td>24</td> <td></td>			notos "Com	<i>P</i>	24					
SPORANE         WA         92201-4539         509-458-5889           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.         4b         EIN           a Sponsor's name         4c         PN           5a         Total number of participants at the beginning of the plan year         5a         14           b Total number of participants at the end of the plan year         5a         11           c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).         Sponsor's name         5c         9           6a         Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).         See [Soc         9           6a         Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).         See [Soc         9           7a         CPR 252:014-487 (See instructions on waive eligiblik) and conditions.)         See [Soc         P           7         Pan Alsest and Liabifites         (a) Beginning of Year         (b) End of Year           7         Pan Alsest and Liabifites         7a         467445         496650           7 total plan inabilities         7b         7c         467445         496650			enter oan	ie )	30					
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.       4b       DOI:10.0000000         5a       Total number of participants at the beginning of the plan year.       5a       14         5a       Total number of participants at the end of the plan year.       5a       14         6b       11       5c       9         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Test in the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Test in the plan's assets during the plan year invested in eligible assets? (See instructions.)       Image: Test in the plan's assets during the plan year invested in eligible is assets? (See instructions.)       Image: Test in the plan's assets during the plan year invested in eligible is assets? (See instructions.)       Image: Test in the plan's assets in the plan's assets during the plan year invested in eligible is assets? (See instructions.)       Image: Test in the plan's assets in the plan's assets is instructions on waiver eligibility and conditions.)       Image: Test in the plan's assets is instructions on waiver eligibility and conditions.)         7       Plan Assets and Liabilities       7a       467445       496650         7       Plan Assets and Liabilities       7b       7c       4467445       496650         8       Income, Expenses, and Transfers for					<b>3c</b> A					
amme, EIN, and the plan number from the last return/report.     4c     PN       5a     Total number of participants at the beginning of the plan year.     5a     14       b     Total number of participants at the end of the plan year.     5a     14       c     Number of participants at the end of the plan year.     5a     14       c     Number of participants at the end of the plan year.     5b     11       c     Number of participants at the end of the plan year.     5c     9       fa     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Image: Complete this item).     Image: Complete the item).       b     Are you claiming a valuer of the annual examination and report of an independent qualified public accountant (IQPA)     Image: Complete the annual examination and report of an independent qualified public accountant (IQPA)     Image: Complete the annual examination and report of an independent qualified public accountant (IQPA)     Image: Complete the annual examination and report of an independent qualified public accountant (IQPA)     Image: Complete the annual examination and report of an independent qualified public accountant (IQPA)     Image: Complete the annual examination and report of an independent qualified public accountant (IQPA)     Image: Complete the annual examination and report of an independent qualified public accountant (IQPA)     Image: Complete the annual examination and report of an independent qualified public accountant (IQPA)     Image: Complete the annual examination and report of an independent qualifi	4 If the name and/or EIN of the plat	n sponsor has changed since the	last return	/report filed for this plan, enter the	4h					
5a       Total number of participants at the beginning of the plan year	name, EIN, and the plan number	from the last return/report.								
b       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5b       11         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       9         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       No         fyou 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       (a) Beginning of Year       (b) End of Year       496650         b       Total plan assets (subtract line 7b from line 7a).       7c       467445       496650         b       notal plan fiabilities       7a       (a) Amount       (b) Total         c       Onther income (eavies of received or received from:       8a(1)       25469       (b) Ottal         (1)       Employers       8a(2)       34838       (b) Other income (loss) <td></td> <td>a basinaina of the also wear</td> <td></td> <td></td> <td></td> <td>Τ</td>		a basinaina of the also wear				Τ				
c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       Image:						14				
complete this item)     5c     9       6a     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     X res     No       6a     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     X res     No       6a     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     X res     No       6a     Were all of the plan's assets during the plan cannot use Form 5500-SF and must instead use Form 5500.     X res     No       Image: Sec of 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     467445     496650       b     Total plan liabilities     7b					5b	11				
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Constructions on waiver eligibility and conditions.)         If you answered "No" to either 6a or 6b, the plan cannot use Form 5500.       Image: Construction on the plan cannot use Form 5500.         Part III       Financial Information       (a) Beginning of Year       (b) End of Year         7       Plan Assets and Liabilities       7a       467445       496650         b Total plan isabilities       7c       467445       496650         6       Noome, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         C       Net plan assets (subtract line 7b from line 7a).       7c       467445       496650         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total       (b) Total         a Contributions received or receivable from:       8a(1)       25469       25469       25469         (2) Participants       8a(2)       34838       0       0       44393         d Benefits paid (including rollovers)       8a       2       34838       44393         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8e       0       0         d Cher incoome (add lines 8a(1), 8a(2), 8a(3), and 8b)       8e	complete this item)									
If you answerd "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Yes \rightarrow No"         Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a Total plan assets.       7a       467445       496650         b Total plan assets (subtract line 7b from line 7a)       7c       467445       496650         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         (1)       Employers       8a(1)       25469         (2)       Participants       8a(2)       34838         (3)       Other income (loss)       8b       -15914         c Total income (losd)       8b       -15914       44393         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8c       0         d Contributions receive providers (salaries, fees, commissions)       8f       7339         g Other senses (add lines 8d, 5e, 8f, and 8g)       8f       7849         g Other senses (add lines 8d, 6e, 8f, and 8g)       8h       15188         i Net income (loss) (subtract line 8h from line 8c)       8i       0	6a Were all of the plan's assets duri	ng the plan year invested in eligib	le assets?	' (See instructions.)	****	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       7a       4677445       496650         b       Total plan assets.       7a       4677445       496650         b       Total plan itabilities.       7c       467445       496650         c       Net plan assets (subtract line 7b from line 7a).       7c       467445       496650         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       (1)       25469         (2)       Participants       8a(1)       25469         (2)       Participants       8a(3)       0         b       Other income (loss)       8b       -15914         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       44393         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       7339         g       Cher expenses       8d       7339       9         f Administrative service providers (salaries, fees, commissions)       8f       7849       7849         g <td>under 29 CFR 2520.104-46? (Se</td> <td>annual examination and report of e instructions on waiver eligibility</td> <td>an indeper and condit</td> <td>ndent qualified public accountant (IQF</td> <td>PA)</td> <td></td>	under 29 CFR 2520.104-46? (Se	annual examination and report of e instructions on waiver eligibility	an indeper and condit	ndent qualified public accountant (IQF	PA)					
7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       467445       496650         b       Total plan liabilities       7b	If you answered "No" to either	<u>6a or 6b, the plan cannot use F</u>	orm 5500-	-SF and must instead use Form 550	0.					
a Total plan assets       7a       (a) beginning of Year       (b) End of Year         b Total plan liabilities       7a       467445       496650         c Net plan assets (subtract line 7b from line 7a)       7c       467445       496650         8 Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a Contributions received or receivable from:       (1) Employers       (a) Amount       (b) Total         (1) Employers       8a(1)       25469         (2) Participants       8a(2)       34838         (3) Others (including rollovers)       8a(3)       0         b Other income (loss)       8b       -15914         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       44393         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       7339         e Certain deemed and/or corrective distributions (see instructions)       8e       0         f Administrative service providers (salaries, fees, commissions)       8f       7849         g Other expenses       8g       0       15188         i Net income (loss) (subtract line 8h from line 8c)       8l       29205         j Transfers to (from) the plan (see instructions)       8i       0		on	T							
b       Total plan liabilities		i		(a) Beginning of Year	-	(b) End of Year				
C Net plan assets (subtract line 7b from line 7a)				46744	496650					
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       25469         (2)       Participants       8a(2)       34838         (3)       Others (including rollovers)       8a(3)       0         b       Others (including rollovers)       8b       -15914         c       Total income (loss)       8b       -15914         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       44393         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       7339         e       Certain deemed and/or corrective distributions (see instructions)       8e       0         f       Administrative service providers (salaries, fees, commissions)       8f       7849         g       Other expenses (add lines 8d, 5e, 8f, and 8g)       8h       15188         i       Net income (loss) (subtract line 8h from line 8c)       8i       29205         j       Transfers to (from) the plan (see instructions)       8i       0										
a Contributions received or receivable from:       (a) (b) rotation         (1) Employers       8a(1)       25469         (2) Participants       8a(2)       34838         (3) Others (including rollovers)       8a(3)       0         b Other income (loss)       8a(3)       0         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       44393         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       7339         e Certain deemed and/or corrective distributions (see instructions)       8e       0         f Administrative service providers (salaries, fees, commissions)       8f       7849         g Other expenses       8g       0         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       15188         i Net income (loss) (subtract line 8h from line 8c)       8i       0			70		5					
(2) Participants8a(2)34838(3) Others (including rollovers)8a(3)0b Other income (loss)8b-15914c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c44393d Benefits paid (including direct rollovers and insurance premiums to provide benefits)8d7339e Certain deemed and/or corrective distributions (see instructions)8e0f Administrative service providers (salaries, fees, commissions)8f7849g Other expenses8g015188i Net income (loss) (subtract line 8h from line 8c)8i29205j Transfers to (from) the plan (see instructions)8i0	a Contributions received or receivat	le from:		(a) Amount	+	(b) Total				
(3) Others (including rollovers)			8a(1)	25469	2					
b Other income (loss)       8b       -15914         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       44393         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       7339         e Certain deemed and/or corrective distributions (see instructions)       8e       0         f Administrative service providers (salaries, fees, commissions)       8f       7849         g Other expenses       8g       0         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       15188         i Net income (loss) (subtract line 8h from line 8c)       8i       29205         j Transfers to (from) the plan (see instructions)       8i       0				34838	3					
C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       44393         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       7339         e       Certain deemed and/or corrective distributions (see instructions)       8e       0         f       Administrative service providers (salaries, fees, commissions)       8f       7849         g       Other expenses       8g       0         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       15188         i       Net income (loss) (subtract line 8h from line 8c)       8i       29205         j       Transfers to (from) the plan (see instructions)       8i       0	-				0					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)				-15914						
to provide benefits)       8d       7339         e Certain deemed and/or corrective distributions (see instructions)       8e       0         f Administrative service providers (salaries, fees, commissions)       8f       7849         g Other expenses       8g       0         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       15188         i Net income (loss) (subtract line 8h from line 8c)       8i       29205         j Transfers to (from) the plan (see instructions)       8i       0			8c		44393					
f       Administrative service providers (salaries, fees, commissions)	to provide benefits)	tere and mourance prensuits	8d	7339						
g         8g         0           h         Total expenses (add lines 8d, 8e, 8f, and 8g)	· · · · · · · · · · · · · · · · · · ·			0						
h         Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (s	alaries, fees, commissions)	8f	7849						
i         Net income (loss) (subtract line 8h from line 8c)	-	H	8g	0						
j Transfers to (from) the plan (see instructions)		F	8h			15188				
		· ·	81							
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (2011)		1								

Form 5500-SF 2011

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Page	2	-	<b></b>

	rt IV										
9a	~	ne plan provides pension benefits, enter the applicable pension fe E 2F 2G 2J 2K 2R 3B 3D 2T 2A									
b	lf tř	ne plan provides welfare benefits, enter the applicable welfare fea	iture codes from t	ne List of Plan Chara	cteris	tic Coc	les in	the instri	uction	5:	
Par	tV	Compliance Questions									
10	Du	ring the plan year:				Yes	No	1	۸n	nount	
	- 29	as there a failure to transmit to the plan any participant contribution of CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	iary Correction Pro	ogram)	10a		x	-		iount	
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							1			
с		as the plan covered by a fidelity bond?			10c	x		1			5000
d	Die	I the plan have a loss, whether or not reimbursed by the plan's fid	felity bond that w	as caused by fraud			x				
e	or dishonesty?       10d         e       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.)										
f		s the plan failed to provide any benefit when due under the plan?					x	<u> </u>			
g		the plan have any participant loans? (If "Yes," enter amount as o			10f		******	ļ			
h	If th	is is an individual account plan, was there a blackout period? (Se	e instructions and	29 CER	10g		x x				
I	lf 10	0.101-3.)	required notice or	one of the	10h						
Part		eptions to providing the notice applied under 29 CFR 2520.101-3	*****		101			<u> </u>			
11		Pension Funding Compliance									
	000	is a defined benefit plan subject to minimum funding requirement 0))							П	Yes [	No
12	ls ti	nis a defined contribution plan subject to the minimum funding req	uirements of sect	on 412 of the Code of	or sec	tion 30	)2 of E	ERISA?	Π	Yes X	No
-	(If "``	res," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)								1
a	If a v	valver of the minimum funding standard for a prior year is being a ting the walver	mortized in this pl	an year, see instruct	ions, a	and en	ter th	e date of	the le	ter ruling	ŀ
lf y	ou c	ting the waiver	B (Form 5500) a	nd skin to line 13			Day_		Yea	Г. <u></u>	
		r the minimum required contribution for this plan year				1	2b				
		r the amount contributed by the employer to the plan for this plan					2c				
d	Subt	ract the amount in line 12c from the amount in line 12b. Enter the tive amount)	result (enter a mi	tue sign to the left of			2d				
е	Will t	he minimum funding amount reported on line 12d be met by the f	unding deadline?.			L	t	Yes	ΠΝ	<u> </u>	
Part \	/	Plan Terminations and Transfers of Assets					<u>  </u>	1.00	Ц.,		
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Г		s XN			
	lf "Ye	es," enter the amount of any plan assets that reverted to the emplo	over this user	**********************************	<b></b>	<u> L</u>			10		1
b	Were	all the plan assets distributed to participants or beneficiaries, tran	nsferred to anothe	r plan, or brought un	der th	e contr					
	orune	FPBGC/								Yes 🛛	No
С 1	n aur whict	ing this plan year, any assets or liabilities were transferred from t a assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify the	plan(s	i) to					
		Name of plan(s);				120/2		(-)			
						130(2	13c(2) EIN(s) 13c(3) PN(s)				
Cautio	n: A	penalty for the late or incomplete filing of this return/report v	vill be assessed	inless reasonable d	ause	is est	ahlie	horl			
Under   SB or S	pena Scheo	Ities of perjury and other penalties set forth in the instructions, I de dule MB completed and signed by an enrolled actuary, as well as ue, correct, and complete.	aclare that I have	waminad this waternal			17		ble, a nowle	Schedule	3
	Τ.	Tour VC									·1
SIGN HERE				JANICE SIMCHU					······		]
			late	Enter name of indiv		signing	as p	lan admir	nistrate	or	
SIGN HERE	Ř		U TUTE	JANICE SIMCH							
	1 51	gnature of employer/plan sponsor D	ate	Enter name of indivi	idual s	signing	as ei	mployer c	or plan	sponsor	·

Enter name of individual signing as employer or plan sponsor