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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report X a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number QWELL PHARMACEUTICALS RETIREMENT PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2009 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number QWELL PHARMACEUTICALS, INC 39-2075864 (EIN) 2c Sponsor's telephone number 206-674-3027 1000 - 2ND AVE., SUITE 3700 2d Business code (see instructions) SEATTLE, WA 98104 541700 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 39-2075864 1000 - 2ND AVE., SUITE 3700 QWELL PHARMACEUTICALS, INC. SEATTLE, WA 98104 3c Administrator's telephone number 206-674-3027 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 name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... O Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 107267 0 Total plan assets..... 7a 7b Total plan liabilities..... 107267 0 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) 4918 **b** Other income (loss)..... 8b 4918 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 112185 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 112185 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -107267 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

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Partiv	Pian	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 2G 2J 2K 2T 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

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 DDL's Voluntary Fiduciary Correction Program)	During the plan year:		Yes	No		Am	ount	
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). Was the plan covered by a fidelity bond?	Was there a failure to transmit to the plan any participant contributions within the time period described in	10a		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). 10d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10b		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	Was the plan covered by a fidelity bond?	10c		X				
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		10d		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	insurance service or other organization that provides some or all of the benefits under the plan? (See	10e		X				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)). Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .	Has the plan failed to provide any benefit when due under the plan?	10f		X				
10h	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		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		10h		X				
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	10i						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)		1 - 1	<u>I</u>					
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (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 instructions, and enter the date of the letter ruling granting the waiver. Month Day Year year 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 of a negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?. Will 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. If a a label of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brought under the control of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) Iso(1) Name of plan(s): 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con						Yes	П №
(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 instructions, and enter the date of the letter ruling granting the waiver. Month Day Year Year Year Year Year 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 of a negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will 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 If "Yes," enter the amount of any plan assets that reverted to the employer this year If the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) Iso(1) Name of plan(s): Iso(2) EIN(s) Iso(3) PN(s)								<u> </u>
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Nou 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 of a 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? Has a resolution to terminate the plan been adopted in any plan year? Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)								/ INO
Enter the minimum required contribution for this plan year	(If "Yes." complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)			102 OI L] .00	A NO
Enter the amount contributed by the employer to the plan for this plan year	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions,	and e	nter the	date o	of the le	tter ruli	ng
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	ctions,	and e	nter the	date o	of the le	tter ruli	ng
will the minimum funding amount reported on line 12d be met by the funding deadline?	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions, nth	and e	nter the Day _	date o	of the le	tter ruli	ng
Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions,	and e	nter the Day _	date o	of the le	tter ruli	ng
Has a resolution to terminate the plan been adopted in any plan year?	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions, nth	and e	nter the Day _	date o	of the le	tter ruli	ng
If "Yes," enter the amount of any plan assets that reverted to the employer this year	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	nter the Day _ 12b 12c 12d	date o	of the le	ar	ng
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	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	nter the Day _ 12b 12c 12d	date o	of the le	ar	ng
of the PBGC?	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	nter the Day _	Yes	of the le	ar	ng
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 3c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moryou 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?	of a	and e	nter the Day _	Yes	of the le	ar	ng
which assets or liabilities were transferred. (See instructions.) 3c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Morvou 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.	of a	and e	nter the Day _ 12b 12c 12d	Yes	Yea	etter ruli ar	ng
3c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)	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	nter the Day _ 12b 12c 12d	Yes	Yea	etter ruli ar	ng
	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	nter the Day _ 12b 12c 12d	Yes	Yea	etter ruli ar	ng N/A
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor 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? 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	nter the Day _ 12b 12c 12d	Yes	No	No Yes	ng
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moryou 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	nter the Day _ 12b 12c 12d	Yes	No	No Yes	ng
	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	nter the Day _ 12b 12c 12d	Yes	No	No Yes	ng

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/12/2012	CONNIE I. ALLEN
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

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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). 2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

F	Pension Benefit Guaranty Corporation Complete all entries in accord	dance wit	h the instructions to the Form 550	0-SF.	nis	pecu	211		
	art I Annual Report Identification Information					entocoses			
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	2	and ending (7/31/	2012	1185			_
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	oant pl	an		
В	This return/report is: the first return/report	the final r	eturn/report						
	an amended return/report	a short pla	an year return/report (less than 12 me	onths))				
С	Check box if filing under: Form 5558	automatic	cextension		DFVC progra	ım			
	special extension (enter description								
P:	art II Basic Plan Information—enter all requested information	NAME OF TAXABLE PARTY.	and the same and	//	20 Western and the second				
	Name of plan	auon	*********	1h	Three-digit				
	ELL PHARMACEUTICALS RETIREMENT PLAN			15	plan number				
					(PN) ▶	00	1		
				1c	Effective date of				
				Townson.	01/01/2			,	
QWE	Plan sponsor's name and address; include room or suite number (e ELL PHARMACEUTICALS, INC.	mployer, i	for a single-employer plan)	2b	Employer Identif		n Nun	nber	
					(EIN) 39-207		-		
				ZC	Sponsor's telepl 206-674			er	
) - 2ND AVE., SUITE 3700 TTLE WA 98104			2d	Business code (2000000000		lione)	_
Om/s	TILL WAY OD TO				541700		Suuci	10113)	
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	e")	3b	Administrator's E	ΞIN	45		
SAM	E				# 32 35 N N N N N	-			
				3C	Administrator's t	elepho	one n	umbe	r
4	If the name and/or EIN of the plan sponsor has changed since the l	ast return/	report filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report.								
	Sponsor's name	E	THE POWER CO.	4c	PN				
	Total number of participants at the beginning of the plan year			5a	- 4				2
b	Total number of participants at the end of the plan year			5b	400	in the second			0
C	Number of participants with account balances as of the end of the pomplete this item)			5с					0
ĥа	Were all of the plan's assets during the plan year invested in eligible			-2/2	1	X	Yes		Vo.
	Are you claiming a waiver of the annual examination and report of a				****************		103	Ц.	VO
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ions.)			X	Yes	1	۷o
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.					
Pa	rt III Financial Information					-			-
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Ye	ar		Sav
a	Total plan assets	7a	107267		5111-	W			0
b	Total plan liabilities	7b							
	Net plan assets (subtract line 7b from line 7a)	7c	107267						0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	-	(b) T	otal			
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	·····							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	4918						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-	The Manager		h-1 .	491	8
d	Benefits paid (including direct rollovers and insurance premiums					79700	•		*
	to provide benefits)	8d	112185						
е	Certain deemed and/or corrective distributions (see instructions)	8e		A THE					
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1	1218	5
i	Net income (loss) (subtract line 8h from line 8c)						-1	0726	7
j	Transfers to (from) the plan (see instructions)	8j					ICHC)		

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HERE

Signature of employer/plan sponsor

D 13/	Plan Characteristics
Part IV	Plan Unarar teristics

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

									710.	_
Part		Compliance Questions				-				
10		ing the plan year:	20/21 14 15			Yes	No		Amount	
а	29	s there a failure to transmit to the plan any participant contributior CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ry Correction Progra	am)	10a		X		7 711	
b		re there any nonexempt transactions with any party-in-interest? (I			10b		Х			^{3 4} 16-
С	Wa	s the plan covered by a fidelity bond?			10c		X			
d	or c	the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?	•		10d		Х			
е	inst	re any fees or commissions paid to any brokers, agents, or other urance service or other organization that provides some or all of the ructions.)	ne benefits under the	e plan? (See	10e		Х			
f	Has	the plan failed to provide any benefit when due under the plan?	••••		10f		X		R.	
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	f year end.)	**************	10g		Х			
h	If th 252	is is an individual account plan, was there a blackout period? (Se 0.101-3.)	e instructions and 2	9 CFR	10h		Х			
i		Oh was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part	VI	Pension Funding Compliance								
11	Is th	is a defined benefit plan subject to minimum funding requirement	s? (If "Yes," see ins	tructions and com	plete	Sched	ule SE	3 (Form	П.,	П
12		D))							Yes	#
12		nis a defined contribution plan subject to the minimum funding rec /es," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl		n 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	⊠ No
а	lf a	waiver of the minimum funding standard for a prior year is being a ting the waiver.	amortized in this plan	n year, see instruc	tions,	and e	nter th			
lf y	yıaı ou 0	completed line 12a, complete lines 3, 9, and 10 of Schedule M	IB (Form 5500), and	d skip to line 13.	ın		Day		Year	
		er the minimum required contribution for this plan year	· · · · · · · · · · · · · · · · · · ·	.5	*****	Γ	12b			
		er the amount contributed by the employer to the plan for this plan				-	12c	1911 / July 1911 1911 1911 1911 1911 1911 1911 1911 1911 1911 1911 1911 1911 1911	***************************************	191
	Sub	tract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a min	us sign to the left of	of a		12d			3
е	Will	the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No	N/A
art	VII	Plan Terminations and Transfers of Assets		3.000	III V					
13a	Has	a resolution to terminate the plan been adopted in any plan year?					XY	es No		
		es," enter the amount of any plan assets that reverted to the emp					1000		0	00-100
b	Wei of th	e all the plan assets distributed to participants or beneficiaries, tra e PBGC?	ansferred to another	plan, or brought u	ınder	the co	ntrol	***	X Yes	∏ No
С	If di whi	ring this plan year, any assets or liabilities were transferred from th assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	e plar	n(s) to	3			3,000.0
1	3c(1	Name of plan(s):				130	(2) El	N(s)	13c(3) PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed t	unless reasonabl	e cau	se is	establ	ished.	I	0.4,000
Unde SB or	r per Sch	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have	examined this retu	rn/rer	ort in	cludin	n if annlicat	ole, a Sch nowledge	edule and
SIGN	, [Connei J. allen	10/12/12	CONNIE I. ALLI	ΞN					
HER	_ [Signature of plan administrator	Date	Enter name of in		al einr	nina se	nlan odmin	ictrator	
SIC			- 333		- GIVIUU	ai sigi	mig as	pian aunilli	ioualUi	
SIGN		1 WWW. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								

Date

Enter name of individual signing as employer or plan sponsor