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 accord	uance with	ii the mstructions to the Form 5500	-ог.		_
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	2	and ending 03	3/31/2	2012	
Α .	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan	
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 mo	nths)		
C	Check box if filing under: X Form 5558	automatic	extension		DFVC program	
	special extension (enter description	on)			_	
Pa	art II Basic Plan Information—enter all requested inform	ation				_
1a	Name of plan			1b	Three-digit	
LOYA	ALTY METHODS, INC. 401(K)				plan number	
			-		(PN) • 001	
				1C	Effective date of plan 01/01/2011	
2a	Plan sponsor's name and address; include room or suite number (e	mplover. if	for a single-employer plan)	2h	Employer Identification Number	_
	ALTY METHODS, INC.		i con a congre compreyer planty		(EIN) 20-8741196	
				2c	Sponsor's telephone number	_
80 YE	ESLER WAY		<u> </u>		206-669-6532	
	E 310 TTLE, WA 98104			2d	Business code (see instructions)	
	<u> </u>				541512	
	Plan administrator's name and address (if same as plan sponsor, et ALTY METHODS, INC. 80 YESLER \		e")	3b	Administrator's EIN 20-8741196	
2017	SUITE 310		-	3c	Administrator's telephone number	r
	SEATTLE, W	A 96104			206-669-6532	
4	If the name and/or EIN of the plan sponsor has changed since the I	ast return/	report filed for this plan, enter the	4b	EIN	
а	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	PN	
	Total number of participants at the beginning of the plan year			тс 5а		13
b	Total number of participants at the end of the plan year		 	5a 5b		-(
C	Number of participants with account balances as of the end of the			่อม		_
	complete this item)			5с		(
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		X Yes N	lo
b	Are you claiming a waiver of the annual examination and report of				V voc □ N	ما
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use F.		•		X Yes [] N	O
Pa	art III Financial Information	01111 3300-	or and must mistead use Form 550	<u>u.</u>		_
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year	_
a	Total plan assets	. 7a	8266		0	_
b	Total plan liabilities					_
С	Net plan assets (subtract line 7b from line 7a)	7c	8266		0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total	
а	Contributions received or receivable from:		(4)		(1)	
	(1) Employers	8a(1)		_		
	(2) Participants	8a(2)	2600	_		
	(3) Others (including rollovers)	8a(3)		_		
b	Other income (loss)	8b	975			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			3575	_
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1952			
е	Certain deemed and/or corrective distributions (see instructions)	8e	9889			
f	Administrative service providers (salaries, fees, commissions)	. 8f				
g	Other expenses	. 8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			11841	
i	Net income (loss) (subtract line 8h from line 8c)				-8266	_
j	Transfers to (from) the plan (see instructions)	8j				

Form	5500.	SF.	201

Page 2 -	1
-----------------	---

Dart IV	Dlan	Characteristics
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 2F 2G 2J 3D
- 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		۸ ۳۰	ount	
Was there a failure to transmit to the plan any participant contributions within the time period described in		100			AII	iount	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
• Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			X				
on line 10a.)	10b		^				
Was the plan covered by a fidelity bond?	10c	X					100
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				
Has the plan failed to provide any benefit when due under the plan?	10f		Χ				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		Χ				
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	109						
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						
VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor	nplete	Sched	- 00	/			
				•	Г	\/	\Box
5500))	······			······		Yes	౼
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	······			······		Yes Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	······			······		=	<u> Н</u>
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se		 302 of I	ERISA?	· [Yes	1 ×
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver.	e or se	ction 3	302 of I	ERISA?	of the le	Yes etter ru	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se	ction 3	nter th	ERISA?	of the le	Yes etter ru	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moreover 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	e or se	ction 3	302 of I	ERISA?	of the le	Yes etter ru	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moreous completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Enter the minimum required contribution for this plan year.	e or se	ction 3	nter th	ERISA?	of the le	Yes etter ru	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se	and e	nter th	ERISA?	of the le	Yes etter ru	X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 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)	e or se	and e	12b 12c	ERISA?	of the le	Yes etter ru	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 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?	e or se	and e	12b 12c	ERISA?	of the le	Yes etter ru ar	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 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	e or se	and e	12b 12c 12d	e date	of the lo	Yes etter ru ar	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se	and e	12b 12c 12d	ERISA?	of the le	Yes etter ru ar	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 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	e or se	and e	12b 12c 12d	e date	of the lo	Yes etter ru ar	ling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 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	e or se	and e	12b 12c 12d	e date	of the legal Yes	Yes etter ru ar	I N/
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 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	e or se	and e	12b 12c 12d 	e date	of the legal Yes	Yes etter ru ar	X !
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se	and e	12b 12c 12d	e date	of the legal Yes	Yes etter ru ar No Yes	N/
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 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? 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 plan is plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan is plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan is plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan is plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan is plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan is plan year.	e or se	and e	12b 12c 12d 	e date	of the legal Yes	Yes etter ru ar	N/
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or se	and e	12b 12c 12d	e date	of the legal Yes	Yes etter ru ar No Yes	N

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.	11/07/2012	PADMA KILARU
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 Reserved System

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

OMB Nos. 1210-0110 1210-0088

2011

	EPECARTERIA DE LA COMPANIONE DE LA COMPA	the interna	al Revenue	SA), and sections 6057(b) and 605 Code (the Code).		This Form is Open to Public Inspection
gudzosowe	renace Sens 4 Committy Committee		dance with	the instructions to the Form 55	10-SF.	
L_E	art I. Annual Report to catangar plan year 2011 or fisca	entification Information	1170172	O.S. S. 1903 CUSTO	Pinnello-Adillick Material	are en maria de la compression de la c Transferior de la compression della compressi
HAN-MINIMONE PROPERTY		Ta single-employer plan	andronessy continues and account	ecusion no management de la company de la co) Setelekininiskinin	a one-participant plan
A	This return/report is for:	end Second		employer plan (not multiemployer))	e sanggan ngan pasa
E	This return/répéri la:	ine first return/report		styphoport		
	200	an amended return/report	a-short-pla	n year return/report (less than 12 n	ionins) •	-one-g
C	Check box if filling under:	Form 5558	automatic	extension	1	DFVC program
		special extension (enter description	an)		nanyano nyago andarik	
P.	rt II Basic Plan Inform	nation—enter all requested inform	ation		· mganananana	immoderness (calca a characteristic) (scale a compression), estimate (chair in minuta a compression), est de m
1a	Name of plan					Three-digit :
	LOYALTY METHODS, IF	C: 401 (E)				(PN) - 001
					Brandonmeranica	Enclive date of pist
		•		-	Š	91/91/2011
2a	Plan sponsor's hame and addis LOYALITY NECESSES, IN	ess; încude roam er suite number (6 C.	employer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 20-87411.96
						Spensor's telephone number (206) 669-6532
	80 YESLER-WAY SUITE 310 SEATTLE			WA 98104	2d	Business code (see instructions) 5 4 1 5 1 2
- Sa			mier Sáme	CALLER MALINOR MARINES IN CONTRACTOR CONTRACTOR OF THE STATE OF THE ST	3b	Administrator's EIN
	SAME				Language votato	Activistator's felephone number
					All Sec.	Samilia in the control of the contro
A.	of the name and/or EIN of the p	ian spansor has charged sook too.	last naturo/r	apor Ned for this plan, enter Me	45	
	name. EIN, and the plan numb	er from the last return/report.			4c	13.83
2233431811030516	\$70050/8 P8PP	ose madril edutiveiro artisto term veles estas mederales con estas estas estas estas estas estas estas estas e	ntiwistinio consequencia intercep		Delignation of the Control	The productive of the community of the contract of the contrac
5a		the beginning of the plan year			L5a	and a sum and the sum of the sum
b		the end of the plan year			5b	den in the section of
C	Number of participants with ac-	count balances as of the end of the	o'an year fe	ICHERI MEHEDI PROMO GM 1955	5c	gygna various to a costicioni is so costito illigen alimo servicio del più pop con a continua del costicio del propositioni del costito de
6a		uring the plan year invested in Cligic				Yes No
b	are unitationing a water of th	is annual examination and report of	an indepen	dent qualified public accountant (IC	PA)	M Yes II No
	under 29 CFR 2520.104-467 (See instructions on waiver digibility er 6a or 6b, the plan cannot use F	and condiți	QUS.)		
1 73	if you answered two to end if till I Financial Informa		Thirti "ishoo ka	Name to the state of the state	HILLIAN NEEDWARD	here (vonetta e reference propositio de partico approximativo e e e e e e e e e e e e e e e e e e e
Longonann	Par Accels and Labilities	est to 1 to 140 %. De Republican demonstrativo esta espanya valuarina del Comerce de Comerce de Republica de Associa de Manda españo Republica de Comerce de Comerce de Republica de Comerce de Comerce de Republica de Comerce de Comerce de Comerce	andryca telefory sampaide (e-an	(a) Beginning of Year	Minner Consumery	(b) End of Year
	**		. 7a	i estamonia a monos se citir que esta como consestigados inmos a acomo aguações que as acomo acomo a acomo a c A como como a monos se citir que esta como como a como	66	C.
			75	e-MMM MANIEC A Dalie, e de comber promet CAMBARDO à restate and ferrances e propriétée à quaisse que que que que que que que que que qu		
		b from line 7a).	7c	many military of the design of the state of	66	
9	lacome, Expenses, and Transf			(a) Amount		(b) Total
a	Contributions received or received	vable from:	Professional of Contract Constitutions	Manager (Action 1) still 1 de la Constant (Million) signification (Constant) and Constant (Con		
	(1) Employers	Szentkegyntezősünütézgektetkes i titattez ezentezezetkitétetekk		rainnenat enigenos procesas consistencias processos consistencias primarios de consistencias de consistencias La filo	74	
			83(2)	Montantinos de vente de maioris per emito de emito de signatura y menore de principa per de esta de menore de e	ement	
		Santa and the same of the same		ongura segurini mitti tatan segi se equi sestegui meste gina anno e e e de socie e e e e e e e e e e e e e e e La	7.5)	
b		erregiserregiserrer i samme i samme gregorier i samme i samme gregorier.		annia a sumun a taman a taman a taman a sumun a		antingeren in the contraction of
G	Total income (add lines \$a(1).	5a(2), 6a(3), and (0)	- Caramana	Annua D. september 1988 D. september 1987 (1987) (1988) (1988) (1988) (1989) (1987) (1987) (1988) (1988) (1988)	z	Michigan Representation of Local annual parts is a seen stated the harmonic representation as a separate distribution of the security of the s
d		olovers and insurance premiums	. 8d			
€.		ive distributions (see instructions)		control of the contro	8 9 [
(done		s (galarios, fees, commissions)				
9		quaren, anno e sea - egesinakas; e la - la - e se est quara and maren m	8 Cl	батты байын манил мененин тарын т	androna Suzvanian	entropy and not an incident the control of the cont
h		Be, 8f, and 8g)	. 8h	hermitysymmetrialide School thing of the complete state of the complete school the com		2. 8.4.1.
ž		e Si) from line Sc)		Dammat Canto Acata revolçe Vinolot Società Devise e Catalon de Catalon de Santo a manumant que aparte el Annovam		(8,266)
1	Transfers to (from) the plan (se	je insirucikas)	Simple Si			Form 5363-SF (2011)

For Paperwork Reduction Act Nobce and OMB Control Numbers, see the instructions for Form 5500-SF.

	676785	FW RF11							
ndt/armbweisen	Form 5500-SF 2011	2 -		***************************************	novec				
Par	IV Plan Characteristics	erreligione de la compressión de la co	elitoko jippoy zaprogovo oczaruwyczymu o i użycz i nakośtodniko	tonnovenov em	DOOPWIANNAMAN		***************************************	unal elementation from XXX delta	estrated control to the state of the state o
	If the plan provides pension benefits, enter the applicable pension featu 25 27 26 2J 3D	ve codes from the	List of Rian Chara	clens	ic Co	dea in	the instru	jions:	ANIE-SANGEAN RESIDENCE PROCESSION
b	If the plan provides welfare benefits, enter the applicable welfare feature	e codes from the L	ist of Plan Charac	teristi	c God	es in ti	he instruct	ions:	
Part	V Compliance Questions	77, 1140			etri/vii/digitiuswy			answer(proprietal)	4450044444444
10	During the planyear		ein vin ammittain valutia examination exam	MILLOON	Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contributions 29 CFR 2610.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Progra	am)	10a		X		11(h)(n)(h)(22an)(n)(22an)(n)(a	amao.comsessacowanjii eami
13	Were there any nonexempt transactions with any party-in-interest? (Dc on line 108.)			10b	m i vo-muurmoos	-eineeree		enistronam brossonamonamica	zianiji aniyonka maantana
Ċ	Was the plan covered by a fidelity bond?	***************************************	atamanan l	100	X				1,000
ď	Did the plan have a loss, whether or not reimbursed by the plan's fidelit or distrancesty?	ly bond, that was o	saused by fraud	10d		×			oo-goog a system oo oo oo dhagaa ahaada oo
8	Were any fees or commissions paid to any brokers, agents, or other or insurance service or other organization that provides some or all of the instructions.)	benefits under the	apien? (See 📑	10e		7/			
f	Has the plan failed to provide any benefit when due under the plan?	*****/************************	ALL CONTRACTOR AND A STATE OF THE STATE OF T	10F		X			
q	Did the plan have any participant loans? (If Yes, Senter adjount as of y	rear end.)		10a Î	enymininininy (4)	>=====================================	ica quesa o pago uma um mito	amiaoiemalpi/dosjilejis-ytikuldosliiliisi ti	accopyanitors-styllyastine
*1	If this is an individual account plan, was there a blackout period? (Sec. 2520.101-3.)	instructions and 2	eces [10h	maniamon)	X.			
200	If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520,101-3	quired natice or on	e of the	10;	mizezaco	www.frzeinet@dobbl	-0.0000440000000000000000		osestemmente proportionale
Part				***************************************	icanico de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela composición del composición dela composición		uniconstructurary vancoustry	powooon name and an angeles and a	namoo morana erikus erenki katalea
11	ls this a defined benefit plan subject to minimum funding requirements? 5500)			************		danama v Adareb vi	nin on a contraction of the cont	/// Yes	miliototta vaimmuse ana.
12	is this a defined contribution plan subject to the miclimum funding requi		1412 of the Code	or 500	otion S	102 of 1	ERISA?	L Yes	. M No
(72	(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 am granting the waiver.	ortized in this plan	year, see instruct Monti	ilans,	and e	nter th 'Clav	e date of t	he leller ru Vear	ling
15 1	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and	l skip to line 13.		goodes	Quadratical Market	piriotemaronesementeseme	y 2,5 y 2 dan 1 d y 2,5 y 2 dan 1 da	
	Enter the minimum required contribution for this plan year					12b	any appagagagagagagagagagagagagagagagagagag	Manustrian manager (1995)	ranjamijanovo eroceopana
Ç	Enter the amount contributed by the employer to the plan for this plan y	Karama jayansa			· ·	120	and history contracts and a second se	steakents/liniarvalninimim	entinistamentente
	Subtract the amount in line 12c from the amount in line 12b. Enter the r negative amount)	T		*******	· L.	12d ·	energy	ount Havenaghmakkomb Kontob pool o	Specific project site of the specific of the s
Co	Will the minimum functions amount reported on line 12d be met by the fu	nding deadline?	allika dalah muusu kekete katok oleh Ulumo Staliki yishii e	waningmanna	สดดอดกับรายสำหน		Y63	II No	MA NA
Part		Phylogenegy project (many) and promote community is in	anivo-irritat distatrational appropriate propriate propr	nymiyyaqadını	enterskienen)		102000	түүүүсүнүүү/үнүмжинин иштеў.	ir paparamando renter a delibert del Sella.
13a	Has a resolution to terminate the pian beam adopted in any plan year?					X Y	es N	O.	erinioniosiosimpontoonis.
эн э	if 'Yes,' entiry the amount of any plan assets that reverted to the onipio					enne-aningenio	and a comment of special processors.	procedental control and a second company of	Westwarensensor
	Were all the plan assets distributed to participants or beneficiaries, tran of the PBCC?		***********			ntroi		XI Yes	II No
G	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	rs pan u anginsi .	pisnita), susminy un	en e	estimentos Part serv	nogramman meneral d	Smilygyddiaing dyllang coolgan i 179 gang	yanya inginisi dajiar sidali dajijika	Carris de la composition della
13c(1) Name of plan(s)					130	(2) EU	N(s)	13c(3) PN(s)
			loosed_med_veenu_st_veet					Went of the second	
one of the second	on: A penalty for the late or incomplete filing of this return/report v	vill be assessed t	miess reasonabl	e cau	se is :	estabi	ished.		especificación proprieto (colorido compr
Unde SB o	penalties of perjury and other penalties set forth in the instructions, I de Schedule Mil completed and signed by an enrolled actuary, as wall as it is true, correct, and complete.	eciare that I have c	examined this retur	m/reio	ort, in	oludins	s, il applica	able, a Sch knowjecgo	redule sand
SIG		and the second s	and the second s	rs Marian	S	mars/same) sementes	امري	OURDÁNIMA ENCINADA ADORDA DA PORTA DE LA COMPOSA DE LA COM	name Archestales (Conductor)
HER		10/20/43	Enter name of ins					inistrator	Marre Carrier (Article Sept. 1944)
SIG! HER		10/30/12	Entername of inc	hoovineering	ebolomá-teimilos	issi	nanyanan orana mananan manana	ot plan sc	onsor
DOMESTICAL SECTION OF THE PERSON OF THE PERS	A CONTRACTOR OF THE PROPERTY O	in a garage and a		damad/0004/424	وتكالماندوروسدوي	CHARLES CONTRACTOR AND ADDRESS OF THE PARTY	MINISTER PROPERTY OF THE PARTY	www.scottagemanhooms###ohible#	e er over propinge i revelle e e e escocio della d