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	ance witi	1 the instructions to the Form 55	00-SF.	
	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 10/01/2011	1	and ending	09/30/2	012
Α .	This return/report is for:	a multiple	a one-participant plan		
В	This return/report is: the first return/report	the final re	eturn/report		
	an amended return/report	a short pla	ın year return/report (less than 12 ı	nonths)	
С	Check box if filing under:	automatic	extension		DFVC program
_	special extension (enter descriptio	n)		L	
Da	rt II Basic Plan Information—enter all requested informa	,			
	Name of plan	alion		1h	Three-digit
	RNIER CONSTRUCTION, INC. PROFIT SHARING PLAN				plan number
					(PN) ▶ 001
				1c	Effective date of plan
					09/18/1978
	Plan sponsor's name and address; include room or suite number (er ERNIER CONSTRUCTION, INC.	mployer, if	for a single-employer plan)		Employer Identification Number
INC.	INNER CONSTRUCTION, INC.			_	(EIN) 91-1349941
				2C	Sponsor's telephone number 509-927-3000
	OX 13419 (ANE VALLEY, WA 99213-3419			24	
31 01	VALLE 1, WA 33210-0413			Zu	Business code (see instructions) 236200
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	3")	3b	Administrator's EIN
	RNIER CONSTRUCTION, INC. PO BOX 1341	19	,		91-1349941
	SPOKANE VA	ALLEY, VV	A 99213-3419	3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the la	aat ratura/	sonort filed for this plan contor the	4b	509-927-3000
7	name, EIN, and the plan number from the last return/report.	asi returri	report filed for this plan, enter the	40	EIN
а	Sponsor's name			4c	PN
5a	Total number of participants at the beginning of the plan year			. 5a	11
b	Total number of participants at the end of the plan year			. 5b	4
С	Number of participants with account balances as of the end of the p				
	complete this item)			. 5c	4
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of a				V voo □ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		,		X Yes No
Pa	rt III Financial Information	JIIII 3300-	or and must mistead use Form 5	300.	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
'a	Total plan assets	72	1550095		1375262
a b	Total plan liabilities	7a 7b	0		0
C	Net plan assets (subtract line 7b from line 7a)	7c	1550095		1375262
8		76			
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total
u	(1) Employers	8a(1)	0		
	(2) Participants	8a(2)	0		
	(3) Others (including rollovers)	8a(3)	0		
b	Other income (loss)	8b	186444		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			186444
d	Benefits paid (including direct rollovers and insurance premiums				
	to provide benefits)	8d	345523		
е	Certain deemed and/or corrective distributions (see instructions)	8e		_	
f	Administrative service providers (salaries, fees, commissions)	8f	15754		
g	Other expenses	. 8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			361277
i	Net income (loss) (subtract line 8h from line 8c)	8i			-174833
j	Transfers to (from) the plan (see instructions)	8j			

Form	5500.	SF.	201

Page 2	-	1	
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Part IV	Plan	Charac	teristics

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amou	ınt	
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)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X				1	50000
d	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				
е	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				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	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						
art	VI Pension Funding Compliance		<u> </u>					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					П	Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Ħ	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						_	_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver						er rulin	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_	1				
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d				
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							
3a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X I	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	_	3a		<u> </u>			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?		the co	ntrol		П	Yes	X No
С	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.)	he plaı	n(s) to				_	_
1	3c(1) Name of plan(s):		130	(2) EII	N(s)	1:	3c(3) F	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establi	ished.			
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return. Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/15/2013	PAUL G LEVERNIER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Pension Benefit Guaranty Corporation

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

Part I Annual Report Identification Information

OMB Nos. 1210-0110 1210-0089

2011

This Form Is Open to Public Inspection

<u>For</u>	arti Annuar Report Identification information	10/01/00	11		00/20/2012
	calendar plan year 2011 or fiscal plan year beginning	10/01/20			09/30/2012
Α	This return/report is for: a single-employer plan	₫ '	mployer plan (not multiemployer)		a one-participant plan
В	This return/report is:	the final retu	ırn/report		
	an amended return/report	a short plan	year retum/report (less than 12 m	onths)	_
С	Check box if filing under: X Form 5558	automatic ex	ktension		DFVC program
	special extension (enter descripti	ion)			
Pa	art II Basic Plan Information—enter all requested inform	nation			
1a	Name of plan			1b	Three-digit
LE	VERNIER CONSTRUCTION, INC. PROFIT SHARIN	NG PLAN			plan number (PN) • 001
				10	Effective date of plan
					09/18/1978
2a	Plan sponsor's name and address; include room or suite number (employer, if fo	r a single-employer plan)	2b	Employer Identification Number
LE	VERNIER CONSTRUCTION, INC.				(EIN) 91-1349941
700	DOY 12410			2c	Sponsor's telephone number
PO	BOX 13419				509-927-3000
S D	OKANE VALLEY WA 99213-3419			20	Business code (see instructions)
		anter "Same"\		3h	236200 Administrator's EIN
LE	Plan administrator's name and address (if same as plan sponsor, e VERNIER CONSTRUCTION, INC.	anti Janie)		JD	91-1349941
	BOX 13419			3с	Administrator's telephone number
	OKANE VALLEY WA 99213-3419	la ak waki wa tu wa	and file of fact their palary and another	41-	509-927-3000
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	iast return/rep	ort 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	11
b	Total number of participants at the end of the plan year			5b	4
С	Number of participants with account balances as of the end of the	plan year (def	ined benefit plans do not		
	complete this item)			5c	4
	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of				X Yes ∐ No
b	Are you claiming a waiver of the annual examination and report of	an independe			
-	under 29 CFR 2520 104-46? (See instructions on waiver eligibility	and conditions	nt quanned public accountant (to	PA)	⊠ Yes ∏ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	and conditions	5.)		X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditions	5.)		X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to elther 6a or 6b, the plan cannot use F	and conditions	5.)		(b) End of Year
Pa	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information	and conditions form 5500-SF	s.)and must Instead use Form 55	00.	
Pa 7	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to elther 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities	and conditions form 5500-SF	s.)and must Instead use Form 55 (a) Beginning of Year	00.	(b) End of Year 1375262
Pa 7 a b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets	and conditions form 5500-SF	s.)and must Instead use Form 55 (a) Beginning of Year	00.	(b) End of Year
Pa 7 a b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to elther 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan liabilities Total plan liabilities	and conditions form 5500-SF	and must instead use Form 55 (a) Beginning of Year 155009	00.	(b) End of Year 1375262
Pa 7 a b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to elther 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	7a 7b 7c	and must instead use Form 55 (a) Beginning of Year 155009	00.	(b) End of Year 1375262 0 1375262
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7a 7c 8a(1)	and must instead use Form 55 (a) Beginning of Year 155009	00.	(b) End of Year 1375262 0 1375262
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to elther 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	7a	and must instead use Form 55 (a) Beginning of Year 155009	00.	(b) End of Year 1375262 0 1375262
Pa 7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to elther 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	7a 7b	and must instead use Form 55 (a) Beginning of Year 155009 155009 (a) Amount	00.	(b) End of Year 1375262 0 1375262
Pa 7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to elther 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss)	7a 7b 7c 8a(1) 8a(2) 8b	and must instead use Form 55 (a) Beginning of Year 155009	00.	(b) End of Year 1375262 0 1375262 (b) Total
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to elther 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	7a 7b 7c 8a(1) 8a(2) 8b	and must instead use Form 55 (a) Beginning of Year 155009 155009 (a) Amount	00.	(b) End of Year 1375262 0 1375262
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to elther 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss)	7a 7b 7c 8a(1) 8a(2) 8b	and must instead use Form 55 (a) Beginning of Year 155009 155009 (a) Amount	00. 05 0 0 0 0 4	(b) End of Year 1375262 0 1375262 (b) Total
Pa 7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to elther 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	7a 7b 7c 8a(1) 8a(2) 8b 8c	and must instead use Form 55 (a) Beginning of Year 155009 (a) Amount 18644	00. 05 0 0 0 0 4	(b) End of Year 1375262 0 1375262 (b) Total
Pa 7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to elther 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	7a 7b 7c 8a(1) 8a(2) 8b 8c 8d	(a) Beginning of Year 155009 (a) Amount	00. 05 0 0 0 0 4	(b) End of Year 1375262 0 1375262 (b) Total
Pa 7 a b c 8 a b c d e	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to elther 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions)	and conditions orm 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	and must instead use Form 55 (a) Beginning of Year 155009 (a) Amount 18644	00. 05 0 0 0 0 4	(b) End of Year 1375262 0 1375262 (b) Total
Pa 7 a b c 8 a b c d e f g	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to elther 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	and conditions orm 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8d 8e	and must instead use Form 55 (a) Beginning of Year 155009 (a) Amount 18644	00.	(b) End of Year 1375262 0 1375262 (b) Total
Pa 7 a b c 8 a b c d e f g	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to elther 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	and conditions orm 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	and must instead use Form 55 (a) Beginning of Year 155009 (a) Amount 18644	00.	(b) End of Year 1375262 1375262 (b) Total

								***********	*****
Par									
9a	If the plan provides pension benefits, enter the applicable pension fea $2E\ 2J\ 2K\ 3D$	ture codes from the	List of Plan Chara	acteris	stic Co	des in	the instruction	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare feature	ure codes from the L	ist of Plan Charac	cterist	ic Cod	les in t	he instruction	ns:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Δ.	mount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ns within the time per ary Correction Progra	riod described in im)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)		10b		Х				
С	Was the plan covered by a fidelity bond?	*************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10c	Х			15	50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that was o	caused by fraud	10d		Х		***************************************	
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	persons by an insura ne benefits under the	ance carrier, plan? (See	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan?	***************************************		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of	f vear end.)		10a		Х			
h	If this is an individual account plan, was there a blackout period? (Sec. 2520.101-3.)	e instructions and 29	O CFR	10g		Х			
i	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.	equired notice or on-	e of the	10i					
Part									
11	Is this a defined benefit plan subject to minimum funding requirement: 5500))							Yes	□ No
b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable of a waiver of the minimum funding standard for a prior year is being a granting the waiver. You completed line 12a, complete lines 3, 9, and 10 of Schedule M. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount). Will the minimum funding amount reported on line 12d be met by the	B (Form 5500), and yeareresult (enter a minu	Mont I skip to line 13.	th		12b 12c 12d	Yes	e letter rulii ear	ng
Part						П ,	es X No		
13a	Has a resolution to terminate the plan been adopted in any plan year?					<u> </u>	es A NO		
b	If "Yes," enter the amount of any plan assets that reverted to the emp Were all the plan assets distributed to participants or beneficiaries, tra	ansferred to another	plan, or brought u	ınder	3a the co	ntrol		□ vos l	X No
С	of the PBGC?				n(s) to				
1	3c(1) Name of plan(s):				130	(2) EI	N(s)	13c(3) l	PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report	will be assessed u	nless reasonabl	e cau	se is	establ	ished.		
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, I or Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	declare that I have e	xamined this retu	rn/rep	ort, in	cluding	g, if applicab	e, a Scheo owledge a	dule and
	B. 6. 1	01/10/13	PAUL G LEVE	ERNI	ER				
SIG		Date	Enter name of in	dividu	al sign	ning as	olan admini	strator	
	Signature of pign autilinistrator	01/10/13	Parl G		f-1)	150	NIFE		
SIG		Date	Enter name of in	dividu	al eigr	ok ning as	employer of	nlan snor	nsor
100000000	Signature of employer/plan sponsor	Date	Enter Hattle Of III	wiw IUU	J. 5191	9 44			

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Form 5500-SF 2011

Signature of employer/plan sponsor