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Retirement Income Security Act of 1974 (ERIA), and sections 6057(b) and 6058(b) of the interest Code (b) Complete all entries in accordance with the instructions to the Form 5509-51 This Form is Open to Public Inspection Period Code (b) Code (c) Code (b) Code (b) Code (b) Code (b) Code (c) Code (b) Code (c) Code (b) Code (c) Code (b) Code (c) Code			Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe			Э	2012			
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Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 HERE Filed with authorized/valid electronic signature. 06/20/2013 TODD LOZIER SIGN HERE Filed with authorized/valid electronic signature. 06/20/2013 TODD LOZIER SIGN HERE Filed with authorized/valid electronic signature. 06/20/2013 TODD LOZIER SIGN HERE Filed with authorized/valid electronic signature. 06/20/2013 TODD LOZIER SIGN HERE Filed with authorized/valid electronic signature. 06/20/2013 TODD LOZIER SIGN HERE Filed with authorized/valid electronic signature. 06/20/2013 TODD LOZIER	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
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Signature of employer/plan sponsor Date Enter name of individual signing as employer of plan sponsor	SIGN			06/20/2013						
	HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ual sid	al signing as emplover or plan sponsor			
					ļ					

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

Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year	
a Total plan assets	7a	16606	0			0	
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c	16606	0	0			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
a Contributions received or receivable from:							
(1) Employers							
(2) Participants				_			
(3) Others (including rollovers)							
b Other income (loss)		867	2				
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiur 				-		8672	
to provide benefits)		173962					
e Certain deemed and/or corrective distributions (see instruction	ns) 8e						
f Administrative service providers (salaries, fees, commissions)	8f	77	0				
g Other expenses	8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					174732	
i Net income (loss) (subtract line 8h from line 8c)	8i					-166060	
j Transfers to (from) the plan (see instructions)	······ 8j						
Part IV Plan Characteristics							
 9a If the plan provides pension benefits, enter the applicable per 2E 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welf 							
Part V Compliance Questions				¥	N.		
10 During the plan year:a Was there a failure to transmit to the plan any participant control	atributions within th	as time pariad departihed in		Yes	No	Amount	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary			10a		Х		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					x		
C Was the plan covered by a fidelity bond?			10c		Х		
					x		
insurance service or other organization that provides some of	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.)					244	
${f f}$ Has the plan failed to provide any benefit when due under the	Has the plan failed to provide any benefit when due under the plan?						
g Did the plan have any participant loans? (If "Yes," enter amo							
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h						
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							
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding req 5500) and line 11a below)							
a Enter the amount from Schedule SB line 39					11a		
12 Is this a defined contribution plan subject to the minimum fur	nding requirements	s of section 412 of the Code	or se	ction 3	302 of E	RISA? 🗌 Yes 🗙 No	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e b	elow, as applicabl	e.)					
a If a waiver of the minimum funding standard for a prior year i	-			and e	enter the Day	e date of the letter ruling Year	
granting the waiver					=		
If you completed line 12a, complete lines 3, 9, and 10 of Sch					12b		

С	Enter the amount contributed by the employer to the plan for this plan year						
d	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)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A			
Part	Part VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	e control		X Yes No			
C 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):			IN(s)	13c(3) PN(s)			
Part	t VIII Trust Information (optional)						

14a Name of trust	14b Trust's EIN