United in the number of parts         2012           The second	Foi	orm 5500-SF Short Form Annual Return/Report of Small Employee					OMB Nos. 1210-0110 1210-0089			
Description         Description         Description         Description         Description           Part L         A minimization of the part L         Complete all entities in accordance with the instructions to the Form 5500-SF.         This Form is Open to Plublic inspection           Part L         A multication information         and ending the mathematication information         and ending the mathematication         This return/report         and ending the mathematication           Part L         A multication information         and ending the mathematication         and ending the mathematication         and ending the mathematication           B         This return/report is:         in a mended return/report         in a mended return/report         and ending the mathematication         in the first return/report         in a mended return/report           B         This return/report is:         in a mended return/report         in a mended return/report         in a mended return/report         in a mended return/report           C         Check box if filing under:         Form 558         Demonstration         in the return/report         in a mended return/report           Idea Name of pain         Control StuDiOS, LLC 401(k) PLAN         In the return report         in the return report         in the return report           Idea Name of pain         Control Control NTUDOS, LLC 401(k) PLAN         In thereturn report			Benefit Plan			•	2012			
Part I Annual Report (dentification Information         For clandar plan year 2012 (fincal plan year beginning       0/0/12/012       and ending       123/12/012         A That return/report is for:       B single-employer plan       a single-employer plan       a bingle-employer plan       bingle-employer plan <td colspan="5">Department of Labor Inis 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</td> <td colspan="3">(a) of This Form is Open to Public</td>	Department of Labor Inis 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 This Form is Open to Public				
Part I         Annual Report Identification Information           For calendar plue year 202 or face allow year 202 or face	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.						Inspection			
A This return/report is for: <ul> <li>a number employer plan</li> <li>b m first return/report</li> <li>c m fir</li></ul>			entification Information				·			
The instantification is the first return/eport       In the first return/eport       In the first return/eport       In the first return/eport         B       This return/eport       In an amended return/eport       In a bort plan year return/eport       In a bort plan year return/eport         C       Check box if filing under:       In an emended return/eport       In a bort plan year return/eport       In the first return/eport         In a mane option       In a mane option       In the first return/eport       In the first return/eport         In a mane option       In a mane option       In the first return/eport       In the first return/eport         In a mane option       In the first return/eport       In the first return/eport       In the first return/eport         In a mane option       In the first return/eport       In the first return/eport       In the first return/eport         In a mane option       In the first return/eport       In the first return/eport       In the first return/eport         In a mane option       In the first return/eport       In the first return/eport       In the first return/eport         In a mane option       In the first return/eport       In the first return/eport       In the first return/eport         In the mane and/or EIN of the plan sponsor has changed since the last return/eport filed for this plan, enter the name. EIN, and the plan number form the last return/eport.       In the	For calend	· · · · ·		)12	and ending 1	2/31/2	2012			
C       Check box if filing under:	A This re	turn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-participant plan			
C       Check box if filing under:       Form 5558       jaudomatic extension       DFVC program         Part II       Basic Plan Information—enter all requested information       1       Three-digit plan number (PN) PLAN       1       Three-digit plan number (PN) PLAN       01<	B This ret	turn/report is:	the first return/report							
Part III Basic Plan Information—ener all requested information     Ta Name of plan     LOOSE CANNON STUDIOS, LLC 401(K) PLAN     The endigit plan number     OO1     To Elfoctive date of plan     OO1     To     To			an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)	_			
Part II       Basic Plan Information—enter all requested information       1b       Three-digt (PN)       001         1a Name of plan       Ib       Three-digt (PN)       001         1c Effective date of plan number (PN)       001       1c Effective date of plan (0.10.2007         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer Identification Number (EIN) 20-398946         122 LAKE ST. S. KIRKLAND, WA 59033       2d       Business code (see instructions)       2d         3a Plan administrator's name and address.       Barne as Plan Sponsor Address       3b       Administrator's telephone number (EIN) 20-398946         3c Administrator's name and address.       Barne as Plan Sponsor Name       Barne as Plan Sponsor Address       3b       Administrator's telephone number (EIN) 20-398946         3c Administrator's name       122 LAKE ST. S. KIRKLAND, WA 98033       3c Administrator's telephone number (EIN) 4d the plan number from the last return/report.       3b       Administrator's telephone number (EIN) 4d the plan number from the last return/report.         3c Total number of participants at the end of the plan spars.       5c       5c       5c         3c       Administrator or telephone number (See networkey).       Stel 19-3060.       5c       5c         3c       Administrator of participants at the end of the plan spars.       5c	C Check	box if filing under:	Form 5558	automatic extension			DFVC program			
1a Name of plan       1b Three-dpit (PN)       001         1c Effective date of plan 0101/2007       1c Effective date of plan 0101/2007         2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (EN)       2b Employer Identification Number (EN)         2a Plan approach is name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer Identification Number (EN)       2b Employer Identification Number (EN)         3a Plan administrator's name and address NRRLAND, WA 98033       2d Business code (see instructions) 711100         3a Plan administrator's name and address COSE CANNON STUDIOS, LLC       122 LAKE ST S KIRKLAND, WA 98033       3b Administrator's EN 20-3699846         3c Administrator's telephone number 818-419-6500       2d Business code (see instructions) 711100         3a Plan administrator's telephone number 818-419-6500       3c Administrator's telephone number 818-419-6500         4 If the name and/or EIN of the plan sponsor has changed since the last return/report flied for this plan, enter the name. EN, and the plan number from the last return/report.       3a Administrator's EN 5b       3c         5a Total number of participants at the end of the plan year       5a       5c       5c       5c         5a Wer all of the plan's assets during the plan year invested in eligible assets? (See instructions).       2f Yes No 5b       Yes No 5b       No 5c       No 5c       5c <td></td> <td></td> <td></td> <td>,</td> <td></td> <td></td> <td></td>				,						
LOOSE CANNON STUDIOS, LLC 401(K) PLAN       plan number (mployer, if for a single-employer plan)       plan number (mployer, if for a single-employer plan)         22       Za Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer identification Number (EN)       2b Employer identification Number (EN)       2c Sponsor's telephone number (BN)       2c Sponso	-		nation—enter all requested infor	mation						
2a       Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b       Employer Identification Number (EIN)         12005       212       LAKE ST. S. KIRKLAND, WA 98033       2b       Employer Identification Number (EIN)         3a       Plan administrator's name and address.       Same as Plan Sponsor Name (Same as Plan Sponsor Address 0.005E CANNON STUDIOS, LLC       122       LAKE ST. S. KIRKLAND, WA 98033       2d       Business code (see instructions) 711100         3a       Plan administrator's name and address.       Same as Plan Sponsor Name (Same as Plan Sponsor Address 0.005E CANNON STUDIOS, LLC       122       LAKE ST. S. KIRKLAND, WA 98033       3b       Administrator's EIN 20058046         3c       Administrator's 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.       3c       Administrator's EIN 20058046         3c       Number of participants at the beginning of the plan year.       5a       10         3c       Number of participants at the end of the plan year.       5a       10         3c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete filture)       5c       12         3c       Number of participants with account balances as of the end of the plan year invested in eligible assestof. (See instructions.)       Yes No		•	1(K) PLAN			1b	plan number			
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)       2b Employer identification Number (EN)         122 LAKE ST. S. KIRKLAND, WA 98033       2c Sponsor's tablephone number (structions)       2d Business code (see instructions)         3a Plan administrator's name and address [Same as Plan Sponsor Name ] Same as Plan Sponsor Address       3b Administrator's EIN (see instructions)         .coose CANNON STUDIOS, LLC       122 LAKE ST. S. KIRKLAND, WA 98033       3b Administrator's EIN (see instructions)         .coose CANNON STUDIOS, LLC       122 LAKE ST. S. KIRKLAND, WA 98033       3b Administrator's telephone number (see instructions)         .coose CANNON STUDIOS, LLC       122 LAKE ST. S. KIRKLAND, WA 98033       3c Administrator's telephone number (see instructions)         .coose CANNON STUDIOS, LLC       122 LAKE ST. S. KIRKLAND, WA 98033       3c Administrator's telephone number (see instructions)         .coose CANNON STUDIOS, LLC       122 LAKE ST. S. KIRKLAND, WA 98033       3c Administrator's telephone number (see instructions)         .coose CANNON STUDIOS, LLC       122 LAKE ST. S. KIRKLAND, WA 98033       3c Administrator's telephone number (see instructions)         .coose CANNON STUDIOS, LLC       122 LAKE ST. S. KIRKLAND, WA 98033       3c Administrator's telephone number (see instructions)         .coose CANNON STUDIOS, LLC       122 LAKE ST. S. KIRKLAND, WA 98033       3c Administrator Stelephone number (see instructions)         .coose CANNON STU						1c	Effective date of plan			
122 LARE ST. S. KIRKLAND, WA 98033       818-419-8650         2d       Business code (see instructions). 711100         3a Plan administrator's name and address.       Same as Plan Sponsor Name       Same as Plan Sponsor Address         20-S899846       3c       Administrator's telephone number 818-419-8650         3b       Administrator's telephone number 818-419-8650         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       Sa       7dal number of participants at the beginning of the plan year.       5a       1f         5 Total number of participants at the odi of the plan year.       5a       1f       5b       1f         6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       St Yes       No         9 A rey ou claiming a walker of the annual examination and report of an independent qualified public accountant (IQPA)       St Yes       No         9 A rey ou claiming a walker of the annual examination and negot of an independent qualified public accountant (IQPA)       St Yes       No         9 A rey ou claiming a walker of the annual exponsor maive eligibility and conditions.)       St Yes       No         9 A rey ou claiming a walker of an administrator       Exponsor Stool-SF and must instead use Form			ess; include room or suite number	(employer, if for a singl	e-employer plan)	2b	Employer Identification Number			
3a Plan administrator's name and address       Barne as Plan Sponsor Name       Barne as Plan Sponsor Address       3b Administrator's EIN         .OOSE CANNON STUDIOS, LLC       122 LAKE ST. S       20-389846         .a Plan administrator's telephone number       3c Administrator's telephone number         .a Sponsor's name       4b EIN         .a Sponsor's name       4c PN         .a Sponsor's name       5a         .a Vere all 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 terturn/report.       5a         .a Sponsor's name       5a       1ft         .a Vere all of the plan's assets during the plan year.       5a       1ft         .c Number of participants at the end of the plan year.       5c       2c         .a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Q Yes   No         .a Ver ell of the relar's assets during the plan year invested in eligible assets? (See instructions.)       Q Yes   No         .a Yes   Instructions, I with account balances as of line 6b, the plan cannot use Form S500-SF and must instead use Form S500.       Q Yes   No         .a Son Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule Set or return/report will be assessed unless reasonable cause is established.         .under zo Pandive						2c				
COSE CANNON STUDIOS, LLC       122 LAKE ST. S KIRKLAND, WA 98033       20-3898946         3c       Administrator's telephone number 818-419-8650         3c       Administrator's telephone number 818-419-8650         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         5a       Total number of participants at the beginning of the plan year.       5a         5a       Total number of participants at the end of the plan year.       5b         5a       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       Vers    No         b       Arey ou claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       Vers    No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       Vers    No         Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       Under yenalties 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 enroled actuary, as well as the electronic version of this	KIRKLAND,	WA 98033				2d				
COSE CANNON STUDIOS, LLC       122 LAKE ST, S         KIRKLAND, WA 98033       3c         A 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 Sponsof'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       5a       11       15b       12         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       No         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         Indep sendent waver of the atter of nocmplete filing of this return/report will be assessed unless reasonable cause is established.       Yes       No         Under pendiles of parity and other penalities set ofth in the instructions, is declare that I have examined this return/report, and to the best of my knowledge and beilef, it is true, correct, and complete.       12/06/2013       MATTHEW SCOTT         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         SiGN       Filed with authorized/valid electronic signature.       12/06/2013       MATTHEW SCOTT	<b>3a</b> Plan a	dministrator's name and	address Same as Plan Sponsor	Name Same as Pl	an Sponsor Address	3b				
name, EIN, and the plan number from the last return/report.       4c PN         a Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year.       5a 100 number of participants at the end of the plan year.       5a 100 number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c 2         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xere N       Xere No         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       Xere No       Yere No         f you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.       No         Under penalties of perjury and other penalties est forth in the instructions. I declare that 1 have examined this return/report, including, if applicable, a Schedule SB or Schedule MB complete.       Schedule AB complete.         Sign true of plan administrator       Date       Enter name of individual signing as plan administrator         Sign ture of employer/plan sponsor       Date       Enter name of individual signing as employer or plan sponsor         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)										
5a       Total number of participants at the beginning of the plan year       5a       1         b       Total number of participants at the end of the plan year       5b       5c         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Set       5c       2         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Set       Set       2         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         ctation: 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, inc	name	, EIN, and the plan numb		e last return/report filed	for this plan, enter the					
b       Total number of participants at the end of the plan year       5b       5c         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         b       Are you claiming a waiver of the entrule examination and report of an independent qualified public accountant (IQPA)       Yes       No         b       Are you claiming a waiver of the entrule examination and report of an independent qualified public accountant (IQPA)       Yes       No         If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       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, ideclare that I have examined this return/report, including, if applicable, a Schedule BS 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.       12/06/2013       MATTHEW SCOTT       Signature of plan administrator <td></td> <td></td> <td>the beginning of the plan year</td> <td></td> <td></td> <td></td> <td></td>			the beginning of the plan year							
C       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)										
Ga       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes         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 line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Caution: A penalty for the late or incomplete filling 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 BS 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.       12/06/2013       MATTHEW SCOTT         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)	C Numb	er of participants with ac	count balances as of the end of the	e plan year (defined be	nefit plans do not		3			
b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes         If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       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       Filed with authorized/valid electronic signature.       12/06/2013       MATTHEW SCOTT         HERE       Signature of plan administrator       Date       Enter name of individual signing as plan administrator         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)	· · · · ·						<u> </u>			
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       Filed with authorized/valid electronic signature.       12/06/2013       MATTHEW SCOTT         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         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQ					PA)	X Yes 🗌 No			
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.       12/06/2013       MATTHEW SCOTT         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         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)	lf you	answered "No" to eith	er line 6a or line 6b, the plan ca	not use Form 5500-S	F and must instead use	Form	5500.			
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         Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)       Preparer's telephone number (optional)	Under pen SB or Sche	alties of perjury and othe edule MB completed and	r penalties set forth in the instruction signed by an enrolled actuary, as	ons, I declare that I hav	e examined this return/rep	port, in	cluding, if applicable, a Schedule			
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           Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)         Preparer's telephone number (optional)		Filed with authorized/va	lid electronic signature.	12/06/2013	MATTHEW SCOTT					
HERE         Signature of employer/plan sponsor         Date         Enter name of individual signing as employer or plan sponsor           Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)         Preparer's telephone number (optional)	HERE	Signature of plan adm	ninistrator	Date	Enter name of individ	ual sig	ning as plan administrator			
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)  Preparer's telephone number (optional)			<i>·</i> · ·							
	Preparer's									
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (2012)							Form 5500-SF (2012)			

Par	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year		
а	Total plan assets	7a	26555	4			60422		
b	Total plan liabilities	7b		0					
С	Net plan assets (subtract line 7b from line 7a)	7c	26555	4	60422				
8			(a) Amount			(b) Total			
	Contributions received or receivable from:								
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
· · ·	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	3208	1					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			_	32081			
	to provide benefits)	8d	23721	237213					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					237213		
i	Net income (loss) (subtract line 8h from line 8c)	8i					-205132		
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
b Part	2E       2F       2G       2J       2K       3D         If the plan provides welfare benefits, enter the applicable welfare feature       Example a state of the state	eature code	s from the List of Plan Charad	cterist	tic Coc	les in the	e instructions:		
10	During the plan year:				Yes	No	Amount		
	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)					X	Anoun		
b	<ul> <li>Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)</li> </ul>			10b		х			
С	Was the plan covered by a fidelity bond?			10c		Х			
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			
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.)						1626		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g					Х		24846		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10h					x	21010		
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	•		10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
11a	1a Enter the amount from Schedule SB line 39   11a								
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	a 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					•			
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form	1 5500), and skip to line 13.		<u> </u>				
b	<b>b</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						
d	•						
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?				Yes X No		
С	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.)						
1	13c(1) Name of plan(s): 1			IN(s)	<b>13c(3)</b> PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN