	Form 5500-SF	Short Form Annual Return/Report of Small Employ Benefit Plan					OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service	This form is required to be file	مد	2010						
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A		This Form is	s Open to Public					
	ension Benefit Guaranty Corporation	00-SF.		pection						
		entification Information								
_	calendar plan year 2010 or fisca	7	1	and an ang	12/31/2					
	This return/report is for:	single-employer plan	•	mployer plan (not multiemployer)		one-participa	nt plan			
В	This return/report is for:	first return/report	final retur	n/report vear return/report (less than 12 mo	(antho)					
~		an amended return/report	•		onuns)					
	Check box if filing under:	Form 5558		extension		DFVC progra	rn			
Pa	art II Basic Plan Inform	nation—enter all requested inform	,							
	Name of plan		ation		1b	Three-digit				
	SALES, INC. 401K PLAN					plan number	001			
					10	(PN) Effective date of	nlan			
						01/01/2				
	Plan sponsor's name and address SALES, INC.	ess (employer, if for single-employer	plan)		2b	Employer Identif (EIN) 91-1286	ication Number			
	B STREET NW				2c	Plan sponsor's t 253-852	elephone number 2-6046			
AUBI	JRN, WA 98001				2d	Business code ( 423400	see instructions)			
3a PRO	Plan administrator's name and SALES, INC.	address (if same as Plan sponsor, e 4230 B STRI	EET NW	2")	3b	Administrator's E 91-1286				
		AUBURN, W	A 98001		3c	Administrator's t 253-852	elephone number 2-6046			
		n sponsor has changed since the la		port filed for this plan, enter the	4b					
	name, Em, and the plan humber	r from the last return/report. Sponso	n s name		4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a		23			
b	Total number of participants at	the end of the plan year			5b		23			
С	Total number of participants wi complete this item)	th account balances as of the end o	f the plan y	ear (defined benefit plans do not	5c		7			
6a	Were all of the plan's assets d	uring the plan year invested in eligib	le assets?	(See instructions.)			X Yes No			
b		e annual examination and report of See instructions on waiver eligibility					X Yes No			
	•	er 6a or 6b, the plan cannot use F		,						
Pa	rt III Financial Informa	ation								
7	Plan Assets and Liabilities			(a) Beginning of Year	7	(b) End	of Year 109365			
a h	•			6819	/		109303			
b C	•	b from line 7a)		6819	7		109365			
8	Income, Expenses, and Transf	·		(a) Amount		(b) T	otal			
a	Contributions received or recei					(0) 1				
			. 8a(1)	0040	0					
			. 8a(2)	3649						
b	., ,			1043	_					
D C		Ba(2), 8a(3), and 8b)					49686			
d	Benefits paid (including direct r	ollovers and insurance premiums		405	7					
		· · · · · · · · · · · · · · · · · · ·		135						
e f		ve distributions (see instructions)		716						
T		s (salaries, fees, commissions)			_					
g h	•	3e, 8f, and 8g)	U U			8518				
i		8h from line 8c)					41168			
i	( )(	e instructions)								

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

## Part IV Plan 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 2K 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amoun	it	
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		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		Х				
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		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
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						
Part	VI Pension Funding Compliance							_
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and corr 5500))					Y	es 🗌 N	lo
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instru- granting the waiver	ctions, ith	and e	nter th	e date of th	ne letter	ruling	lo
b	Enter the minimum required contribution for this plan year			12b				
c	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	<u> </u>			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	4
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		·····			Y	es <sup>X</sup> N	lo
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					Y	es X N	lo
C	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 pla	n(s) to					
1	3c(1) Name of plan(s):		130	:(2) Ell	N(s)	13c	<b>:(3)</b> PN(s	)
Caut	ion: A nenalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ise is i	establ	ished			

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.	03/17/2011	CHRIS WOOD
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

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	Form 5500-SF	Short Form Annual I	yee	OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employ				2010		
E	Department of Labor mployee Benefits Security Administration	Retirement Income Security	Act of 1974	4 (ERISA), and section 6058(a) of the Code (the Code).		This Form is Open to Public		
	Pension Benefit Guaranty Corporation		h the instructions to the Form 550	0-SF	Inspection			
		entification Information						
Fo	calendar plan year 2010 or fisca		01/01/	2010 and ending		12/31/2010		
Α	This return/report is for:	single-employer plan	] multiple-	employer plan (not multiemployer)		one-participant plan		
В	This return/report is for:	first return/report	final retu	rn/report				
		an amended return/report	short pla	n year return/report (less than 12 mo	nths)			
С	Check box if filing under:	Form 5558	automati	c extension		DFVC program		
		special extension (enter descripti						
-		nation—enter all requested inform	nation					
1a	Name of plan	11			1b	Three-digit		
	PRO SALES, INC. 401	LK PLAN				plan number (PN) • 001		
					1c	Effective date of plan		
						01/01/2008		
2a	Plan sponsor's name and addre PRO SALES, INC.	ess (employer, if for single-employe	r plan)		2b	Employer Identification Number		
					20	(EIN) 91-1286037 Plan sponsor's telephone number		
	4230 B STREET NW				20	253-852-6046		
	AUBURN	WA 98001			2d	Business code (see instructions)		
3a	Plan administrator's name and a	address (if same as Plan sponsor, e	enter "Same	e")	3b	423400 Administrator's EIN		
	PRO SALES, INC.	, , , ,		- /		91-1286037		
	4230 B STREET NW AUBURN	WA 98001			3c	Administrator's telephone number 253 - 852 - 6046		
4	f the name and/or EIN of the plan	n sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number	from the last return/report. Spons	or's name		· · ·			
5a	Total number of participants at	the beginning of the plan year				PN		
b					5a	23		
		h account balances as of the end of			5b	23		
					5c	7		
-				(See instructions.)		X Yes 🗌 No		
b	Are you claiming a waiver of the	e annual examination and report of	an indeper	ident qualified public accountant (IQI ions.)	PA)	X Yes No		
				SF and must instead use Form 55				
Pa	rt III Financial Informa							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
а	Total plan assets		. 7a	6819	7	109365		
b	•	······	. 7b					
<u> </u>		b from line 7a)	. 7c	6819	7	109365		
8	Income, Expenses, and Transfe Contributions received or received			(a) Amount		(b) Total		
а		able from:	. 8a(1)					
	(2) Participants		. 8a(2)	3649	0			
	(3) Others (including rollovers).			276	5			
b	Other income (loss)		. 8b	1043	1			
C		a(2), 8a(3), and 8b)	. 8c			49686		
d		ollovers and insurance premiums		100				
е		ve distributions (see instructions)	. <u>8d</u> . 8e	135				
f		(salaries, fees, commissions)		/10	7			
g					-			
h		e, 8f, and 8g)				8518		
i		8h from line 8c)				41168		
j		e instructions)						

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

Part VII Plan Terminations and Transfers of Assets  If 'Yes,' enter the amount of any plan assets that reverted to the employer this year  If 'Yes,' enter the amount of any plan assets that reverted to the employer this year		Form 5500-SF 2010 Page 2-						
B   Attempting particular barrels, enter the applicable welfare testure codes from the list of Plan characteristic. Codes in the matrix deals.     Part V   Compliance Questions     0   Wire denie barrels welfare there with a pplicable welfare testure codes from the list of Plan characteristic. Codes in the matrix deals.     0   Dimension them may attractions in the third plan any participant commutations error the time period base there in the fail of the any participant commutations error the time period base there in the fail of the any participant commutations error that may party managers? (It is not marked base there are the second by the digit of the any party managers? (It is not marked base tasked base there are the participant base tasked base there are the time period base tasked base	Par	t IV Plan Characteristics						•
Part V   Compliance Questions     10   Doing the plot year   Yes   No   Amount     20 CHE 2013 - 102 (Yes) matchesses and Doiny patisapamic contributions earlies the plot of the cardinal of the plate any patisapamic contributions earlies the plant of the cardinal of the plate and plate any patisapamic contributions earlies the cardinal of the plate of the cardinal of the plate of the cardinal of the plate o	9a		acteris	ан: Сі	odes in	the insu	actions:	''. Post
10   Dering the plan year   Yes   No   Amount     20   CR 2013-0102* (Some establishing the plan any party ansate (and the fully fully interplan discontent to plant)   10a   2     20   CR 2013-0102* (Some establishing to any constraints in any constraints interplant of the state of the stat	b	If the plan provides welfare benefits, enter the applicable welfare, feature codes from the List of Plan Chan	acteris	lic Co	des m (	he instru	ctions:	
a   More there is a statute or harvers in the plan supports guard counding the method in the present discribed in the grant of the intermediate of the present discribed in the present din the present discribed in the present discribed in the present di	Part	V Compliance Questions						
20 CFR 2510 5-1021 (Seminstructures with any party mattersel? (De nationalise to response)   100   2     b Were these any concerning totascatters, with any party mattersel? (De nationalise reported under R0a)   100   2     c Was the plan concerned by a bidenty bread?   100   2   100   2     c Was the plan concerned by a bidenty bread?   100   2   100   2     c Was the plan concerned by a bidenty bread?   100   2   100   2     c Was the plan concerned by a bidenty bread?   100   2   100   2     c Was the plan concerned by a bidenty bread?   100   2   100   2     c Was the plan concerned by a bidenty bread?   100   2   100   2     examples are any concerned by a bidenty bread?   100   2   100   2     examples are any concerned by a bidenty bread?   100   2   100   2     examples are any concerned by a bidenty bread?   100   2   100   2     examples are any concerned by a bidenty bread?   100   2   100   2   100   2   100   2   100   2   100   2   100   2   1				Yes	No		Amour	nt
or the T0g1   10b   1     c   Was the plan created by a fideary basel?   10c   x     d   Out may plan created by a fideary basel?   10c   x     d   Out may plan created by a fideary basel?   10c   x     d   Out may plan created by a fideary basel?   10c   x     e   Were any less or commissions paid to any brokets, agents, or other prevents by an insurance careful.   10d   2     f   Has the plan taked to provide any baselit when due under the plan?   10d   2     f   Has the plan taked to provide any baselit when due under the plan?   10d   2     f   Has the plan taked to provide any baselit when due under the plan?   10d   2     f   Has the plan taked to provide any baselit when due under the plan?   10d   2     f   Has a selected two planted at caren plant was these a takakout period? (See instructions and 29 CFR   10h   2     f   Theses an expected tys, check the baselit you either provide the required notes are of the complete Stretker SE fill form   250000     f   To he as adverted point for care any point for CFR 2520,101.3   10h   2     f   to he as adverted point babaselit to provide a staplecible?		29 CFR 2510.3-1027 (See instructions and DOU's Voluntary Fiduciary Correction Program)	10a		Z			
d   Definition part have a task, whether or net combused by the plan's fidelity band, mail ease classed by hand of showed edge.   10d   2     e   Were my thesis or commissions puel to any backets, agents, or other previous by an insurance carrie, instructions 1)   10d   2     f   Has the plan have any participant banes? (IF Yes, 'enter amount as of year end.).   10g   2     g   but the plan have any participant banes? (IF Yes, 'enter amount as of year end.).   10g   2     h   this is a undevidual account plan. was there a blackout panel? (See instructions and 29 CFR 200 101.3).   10g   2     h   this is a undevidual account plan. was there a blackout panel? (IF Yes, 'sce instructions and 29 CFR 200 101.3).   10g   2     art VI   Pension Funding Compliance   10g   2   10g   2     11   is this a defined contribution plan subject to minimum funding requirements? (IF Yes, 'sce instructions and complete Schedule: SD from the ender of the plan o	b		10b		3	e anna annas ingen (yng , regins i	1 fame:	
or determinedify   10d   1     e   Were any fews or continuesions paid to any brokers, agents, or other persons by ad insurance (Artier, misure to evence or other organization that provides some or all of the benefits under the plan? (See instructions.)   10d   1     f   Has the plan bale of the organization that provides some or all of the benefits under the plan? (See instructions.)   10d   1     f   Has the plan bale of the provide any benefit when due under the plan?   10d   1   1     g   balt the plan bale of the provide any benefit when due under the plan?   10d   1   1     g   balt the plan bale of the ford bale of the provide any benefit when due under the plan?   10d   1   1     g   balt the plan bale of the plan bale of the provide due the plan?   10d   1   <	С	Was the plan covered by a fideaty bond?	10c		X			
Busine to service another organization that prevides some or all of the benefits under the plan? (See instructions). If Has the plan baten any participant loans? (IF Yes, 'enter arround as of year end.). If I this is an individual account plan, was these a blackout period? (See instructions and 29 CFR 250 101.3.) If 100 usas answered 'Yes,' chock the box if you either provided the required notice or one of the exceptions to providing Compliance If is this a defined control plan, was these a blackout period? (See instructions and 29 CFR 200 101.3.) If 100 usas answered 'Yes,' chock the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 29 CO 101-3. If this is a defined control plan subject to minimum funding requirements? (If Yes, 'ace instructions and complete Schedulie SB F orm 5000) If so this a defined control plan subject to the minimum funding requirements? (If Yes, 'ace instructions, and complete Schedulie SB F orm 5000) If a wave of the minimum funding standard for a prior year is being amontred in the plan year, see instructures, and entities the dide of the ketter ruleing granting the wave. If you complete 12a, complete 12a, and 12e below, as apple-shie) If a wave of the minimum funding standard for a prior year is being amontred in the plan year. See instructures and entities the dide of the ketter ruleing granting the wave. If you completed line 12a, complete for this plan year. If a wave of the minimum funding amount in the 2b. The the result tentor a minimum signal to the plan for this plan year. If the manuan funding amount exponder don line 12b. Enter the result tentor a minimum signal to the fit of the plan year. If you completed line 12a, complete to the plan for this plan year. If a wave of the minimum funding amount is the plan to a the plan year. If a wave of the minimum funding amount is the plan to the result tentor a minimum signal to the of the sequte min	d		10d					
g   bd the plan have any portoquard loans? (II: Yes," entor amount as of year end J.   10g   X     h   it this is an undividual account plan, was there a blackout period? (See instructions and 20 CFR 2520 101-3).   10h   X     i   If the as answered "Yes," check the box if you other provided the reputed notice or one of the exceptions to providing the notice applied under 29 CFR 2520 101-3.   10h   X     Part VI   Pension Funding Compliance   10i   10i   Yes, "see instructions and complete Schedule SB if orm 55000.     12   Is the a defined contribution plan subject to minimum funding requirements? (H: Yes," see instructions and complete Schedule SB if orm 5500.   Yes [     13   If a wave of the minimum funding requirements? (H: Yes," see instructions and complete Schedule SB if orm 200 of FRISA?   Yes [     14   a defined contribution of the plan year is being amoth/set in this plan year. See instructions and enter the date of the lefter ruling granting the wave   Month   Day.   Yeai     15   true in mamman reguring contribution for this plan year.   12b   12c   12c   12d     16   true innorman funding amount reguring denotifies of Assets   12e   12e   12e   12e     17   you completed line 12a, complete times a) the plan year or any prior year?   12e   12e   12e	e	insurance service or other organization that provides some or all of the benefits under the plan? (See	.10e					
g   Udd the plan have any pathopant loans? (II 'Yes,' enter amount as of year end.).   10g   X     h   If this is can undividual account plan, was there a blackout pened? (See instructions and 29 CFR 2520-101.3).   10h   X     2520-101.3.)   10h   X   10h   X     11   It this is can undividual account plan, was there a blackout pened? (See instructions and 29 CFR 2520-101.3).   10h   X     Part VI   Pension Funding Compliance   10h   10h   X   10h     12   Is this a defined benefit plan subject to minimum funding requirements? (U 'Yes,' see instructions and complete Schedule SB (Form 5500)   12 of the code or section 302 of FRISA?.   Yes     12   Is this a defined benefit plan subject to the minimum funding requirements of acction 412 of the Code or section 302 of FRISA?.   Yes   10h     14   a wave   10h   and 12e below, as applicable.   10h   10h     15   the instrumm funding standard for a prory year is boing amoutz of in this plan year.   Month   Day   Year     17 you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.   12b   12c   12c     12 d   incertime amount in line 12b from the amount in line 12b. Enter the result fenter a mines sign to the left of a negative	f	Has the plan failed to provide any benefit when due under the plan?	101		X			
h   It this is an underklability account plan, was there a blackout period? (See instructions and 29 CFR   10h     2520 101.30   II 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptents to providing the notice applied under 29 CFR 2520.101-3   10h     Part VI   Pension Funding Compliance   10i     11   Is this a defined contribution plan subject to minimum funding requirements? (If 'Yes,' see instructions and complete Schedule S6 (Form 5500))     2   Is mis a defined contribution plan subject to minimum funding requirements? (If 'Yes,' see instructions and complete Schedule S6 (Form 5500))     3   If a wave of the minimum funding standard for a prior year is boing amontized in this plan year, see instructions and enter flie date of the lefter ruling granting the wave.     aff you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.   Day     b   Enter the minimum funding amount reported on line 12b. Enter the result fenter a minus sign to the left of it negative amount) in the 22c form the amount in line 12b. Enter the result fenter a minus sign to the left of it negative amount) in the 22c form the amount in line 12b. Enter the result fenter a minus sign to the left of it negative amount) in the 12c horn the amount in line 12b here to be indepted during the plan year.   12b     c   Enter the minimum funding amount reported on line 12b here to an one sign to the left of it negative amount).   12c     c   Subtract me amount in line	σ	Did the plan have any participant loans? (II "Yes." enter amount as of year end.).			- 			
i   If 10h was answered "Yes," chock 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     Part VI   Pension Funding Compliance   10i     11   Is this a defined benefit plan subject to minimum funding requirements? (If 'Yes," see instructions and complete Schedule SB (Form 5500)   Yes     12   Is this a defined contribution plan subject to the minimum funding requirements? (If 'Yes," see instructions and complete Schedule SB (Form 5500)   10i     13   If a wave of the minimum funding standard for a prior year is being amont/red in this plan year, see instructions, and enter the date of the lefter ruling granting the wave.   Month     16   Yes   , and 10 of Schedule MB (Form 5500), and skip to line 13.   Day     17   If a wave of the minimum funding amount reported on this plan year.   12b   12c     17   If the minimum required contribution for this plan year.   12b   12c     18   benet the runamen inducing amount reported on line 12b be met by the trinding deadline?   Yes   No   12d     19   Plan terminate the plan been adopted during the plan year or any ploit yea?   Yes   No   1     19   Plan terminate the plan been adopted during the plan year or any ploit yea?   13a   13a   13a	· ·	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR						
11   Is this a defined benefit plan subject to minimum funding requirements? (If Yes, "see instructions and complete Schedule SB (Form 5500)   Yes     12   Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of FRISA?   Yes     13   Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of FRISA?   Yes     14   waves of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the lefter ruling granting the waves   Month   Day   Year     14   waves of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the lefter ruling granting the waves   Month   Day   Year     15   Enter the minimum funding standard for a prior year is being amortized in this plan year, see instructions and criter the date of the left of the plan year or amount is routhulated by the employer to the plan for this plan year.   12b   12c     12   Enter 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)   12c   12d     12   e. Wall the minimum funding amount in line 12d be met by the funding requirements?   Yes   No   1     13   Has a resolution to terminate the plan been adopted during the plan year or any prior y	i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	10i					
11   Is this a defined benefit plan subject to minimum funding requirements? (If Yes, "see instructions and complete Schedule SB (Form 5500).   Yes     12   Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of FRISA?   Yes     13   Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of FRISA?   Yes     14   Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of FRISA?   Yes     15   Is a wave of the minimum funding standard for a prior year is being anothized in this plan year, see instructions, and enter the date of the lefter ruling granting the waves   Month   Day   Year     16   yearset   Month   Day   Year   Year     17   be inter the minimum required contribution for this plan year.   12b   12c   12c     18   amount contributed by the employer to the plan for this plan year.   12c   12c   12d     12   statract the amount in line 12c from the amount in line 12b. Enter the result (enter a minue, sign to the left of a negative amount).   12c   12d     12   with the minimum funding amount reported on line 12d be met by the funding requirements?   Yes   No   1	Part	VI Pension Funding Compliance						
12   Is mis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.   Yes     11   Is mis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.   Yes   Yes     11   Yes "complete 12a or 12b. 12c. 12d. and 12e below as applicable.)   at a waver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the lefter ruling granting the waves.   Month   Day   Yea     11   you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.   Detite the minimum required contribution for this plan year.   12b   12c   12c     12   Enter the amount in required contribution for this plan year.   12c   12c   12d     12   a subject to the minimum funding amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).   12d   12d   12d     13   Has a resolution to terminate the plan been adopted during the plan year or any prior year?   Yes   No   1     14   Yees   entit the plan assets that recerted to the employer this year   13a   13a     13   Has a resolution to terminate the plan been adopted during the plan year or any prior year?   13a   13a <t< td=""><td>11</td><td></td><td></td><td></td><td></td><td></td><td>Пү</td><td>es 🗍 M</td></t<>	11						Пү	es 🗍 M
(If "Yes" complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)   a. If a waver of the minimum funding standard for a prior year is being amorhzed in this plan year, see instructions, and enter the date of the lefter ruling granting the warket.     Month   Day   Year     If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.   Denter the minimum required contributed for this plan year.   12b     C Enter the amount contributed by the emplayer to the plan for this plan year.   12c   12c     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).   Yes (No)   12d     e Writ the minimum funding amount reported on line 12d be met by the funding deadline?   Yes (No)   12d   12d     Part VII   Plan Terminations and Transfers of Assets   Yes (No)   13a   Yes (No)   13a     b Were all the plan assets distributed to participants or beneficianes, transferred to another plan, or brought under the control   Yes (No)   Yes (No)     of the PBGC?   13a   13e   13e(2) EIN(s)   13e(3) Ph     13e(1) Name of plan(s):   13e(2) EIN(s)   13e(3) Ph   13e(3) Ph	12						<u> </u>	
a If a waves 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 waves.   Month   Day   Year     If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.   Day   Year     b Enter the minimum required contribution for this plan year.   12b   12c     c Enter the amount onbue 12b from the amount in line 12b. Enter the result (enter a minus sign to the left of a inregative amount).   12d   12d     e Writ the minimum funding amount reported on line 12d be met by the funding deadline?   Yes   No   1     Part VII   Plan Terminations and Transfers of Assets   13a   Yes   No   1     b Were all the plan assets that reverted to the employer this year is plan year.   13a   13a   Yes   Yes     c If during this plan year.   If 'Yes' enter the amount of any plan assets that reverted to the employer this year   13a   13a     b Were all the plan assets distributed to participants or beneficiaries. transferred to another plan, or brought under the control   Yes   Yes     c If during this plan year. any assets or liabilities were transferred from this plan to another plan (s). identify the plantist to which assets or liabilities were transferred from this plan to another plan (s).   13c(2) EIN(s)   13c(3) Ph  <	12			s.entina		indano i		8
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.      b   Enter the minimum required contribution for this plan year	а	If a warver of the minimum funding standard for a prior year is being amortized in this plan year, see instru-	actions nth	and	enter (h Day-	e date o	the letter Year	ruling
C 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 of a negative amount).   12d     e Will the minimum funding amount reported on line 12d be met by the funding deadline?   Yes   No   12d     Part VII   Plan Terminations and Transfers of Assets   Yes   Yes   No   1     13a   Has a resolution to terminate the plan been adopted during the plan year or any prior year?   13a   13a   Yes   Yes     b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?   13a   Yes   Yes     c If during this plan year, any assets of liabilities were transferred from this plan to another plan(s), identify the plan(s) to which 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(2) EIN(s)   13c(3) Ph	If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	,	r			e - ma en ano - ma de la aquerra e dese	
c   Enter the anount on line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).   12d     e   Witt the minimum funding amount reported on line 12d be met by the funding deadline?   Yes   No   1     Part VII   Plan Terminations and Transfers of Assets   Yes   No   1     13a   Has a resolution to terminate the plan been adopted during the plan year or any prior year?   13a   13a     b   Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?   1   Yes   Xes     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 from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred from this plan to another plan(s).   13c(2) ElN(s)   13c(3) Ph     13c(1) Name of plan(S):   13c(2) ElN(s)   13c(3) Ph	b	Enter the minimum required contribution for this plan year			125			
e   Witt the minimum funding amount reported on line 12d be met by the funding deadline?   Yes   No   I     Part VII   Plan Terminations and Transfers of Assets   Yes   No   I     13a   Has a resolution to terminate the plan been adopted during the plan year or any prior year?   13a   Is     b   Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC7   Yes   Yes     c   If during this plan year, any assets or itabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or itabilities were transferred from this plan to another plan(s).   13c(2) EIN(s)   13c(3) PA	С	Enter the amount contributed by the employer to the plan for this plan year			12c			
Part VII   Plan Terminations and Transfers of Assets     13a   Has a resolution to terminate the plan been adopted during the plan year or any prior year?   If 'Yes,' enter the amount of any plan assets that reverted to the employer this year     b   Were all the plan assets distributed to participants or beneficianes, transferred to another plan, or brought under the control of the PBGC7   If all 'Yes is that reverted from this plan to another plan, or brought under the control of the PBGC7     c   If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plants) to which assets or liabilities were transferred. (See instructions )     13a(1) Name of plan(s):   13c(2) EIN(s)	d				12d	• •	× 1	I
13a   Has a resolution to terminate the plan been adopted during the plan year or any prior year?   13a     If "Yes," enter the amount of any plan assets that reverted to the employer this year   13a     b   Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?   13a     c   If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plants) to which assets or liabilities were transferred. (See instructions.)   13c(1) Name of plan(s);     13c(1) Name of plan(s);   13c(2) EIN(s)   13c(3) PA	е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No No	N/
If "Yes," entor the amount of any plan assets that reverted to the employer this year 13a   b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC7 I a   c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plants) to which assets or liabilities were transferred from this plan to another plan(s), identify the plants) to   13c(1) Name of plan(s); 13c(2) EIN(s)	Part	VII Plan Terminations and Transfers of Assets						
If rost ender inclandulin of any plan assets that revenee to the employer this year   Image: Image	13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Ý	'es 🛛 1
of the PBGC7   Yes X     C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plants) to which assets or liabilities were transferred. (See instructions )   13c(1) Name of plan(s):     13c(1) Name of plan(s):   13c(2) EIN(s)   13c(3) PN		If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
which assets or Ilabilities were transferred. (See instructions )       13c(1) Name of plan(s):     13c(2) EIN(s)     13c(3) PA	Ь			the c	ontrol			'es 🖾 I
	С		the pla	ntst t	0		5	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.	1	I3c(1) Name of plan(s):		1.	3c(2) El	N(5)	13	c(3) PN(
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
	Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ble cai	use is	s establ	ished.		

SIGN	(Vin A Wins	03/04/2011	CHPIS WOOD
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