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 section 6058(a) of the Internal Revenue Code (the Code).

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

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information						
For	calendar plan year 2009 or fiscal plan year beginning 12/01/2009)	and ending	11/30/2	2010		
Α .	This return/report is for:	multiple-e	mployer plan (not multiemployer)		one-participant plan		
В	This return/report is for: first return/report	final retur	n/report		_		
		short plan	year return/report (less than 12 mo	onths)			
C	Check box if filing under: Form 5558	automatic	extension	,	DFVC program		
	special extension (enter description		Oxionolon				
Do	, <u>L</u> '	<i>'</i>					
	Art II Basic Plan Information—enter all requested information Name of plan	ation		1h	Three-digit		
	SUPPLY COMPANY 401K PLAN			15	plan number		
					(PN) • 001		
				1c	Effective date of plan		
					12/01/2006		
	Plan sponsor's name and address (employer, if for single-employer p TUCKIANA CONTRACTOR & INDUSTRIAL SUPPLY CO LLC	plan)		2b	Employer Identification Number (EIN) 54-2138351		
KEN	TOCKIANA CONTRACTOR & INDUSTRIAL SUPPLY COLLC			20	Plan sponsor's telephone number		
3708	MANSLICK ROAD				502-361-1669		
LOUI	ISVILLE, KY 40215			2d	Business code (see instructions)		
		. "0	m	O.L.	423800		
	Plan administrator's name and address (if same as Plan sponsor, en TUCKIANA CONTRACTOR & INDUSTRIAL SUPPLY 3708 MANSLI			30	Administrator's EIN 54-2138351		
COL				3c	Administrator's telephone number		
					502-361-1669		
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN		
l	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	PN		
5a	Total number of participants at the beginning of the plan year				7		
b	Total number of participants at the end of the plan year			5b	6		
C	Total number of participants with account balances as of the end of			30	0		
	complete this item)		•	. 5c	5		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No		
b							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				Yes No		
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information)riii 5500-	SF and must instead use Form 5	500.			
7	Plan Assets and Liabilities		(a) Reginning of Year		(b) End of Year		
		70	(a) Beginning of Year	19	100290		
	Total plan assets Total plan liabilities	7a 7b	7210	0			
C	Net plan assets (subtract line 7b from line 7a)	7 C	7218		100290		
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				
а	Contributions received or receivable from:		(a) Amount		(b) Total		
_	(1) Employers	8a(1)	4082				
	(2) Participants	8a(2)	14465				
	(3) Others (including rollovers)	8a(3)	(
b	Other income (loss)	8b	1044	5			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			28992		
d	Benefits paid (including direct rollovers and insurance premiums		0.0	,			
_	to provide benefits)	8d	89	 			
e	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			891		
İ	Net income (loss) (subtract line 8h from line 8c)	8i			28101		
- 1	Transfers to (from) the plan (see instructions)	Ωi					

Part IV	Dlan	Charac	torictics
Part IV	Plan	Charac	reristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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 3B 3D

D .	11 1111	plan provides wellare benefits, enter the applicable wellare leat	ure codes from the	List Of Flair Offara	iciens	lic Cot	ues III	uie ilisuut	Juoris.		
Part	٧	Compliance Questions									
10	Dur	ng the plan year:			Yes	No	Amount		nt		
а		s there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia		10a		X					
b		e there any nonexempt transactions with any party-in-interest? (Ine 10a.)	•	10b		X					
С	Wa	s the plan covered by a fidelity bond?		10c	X				10000		
d		the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?	10d		Х						
										133	
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	f year end.)		10g		X				
_	If th	s is an individual account plan, was there a blackout period? (Sec. 0.101-3.)	e instructions and 2	9 CFR	10h		X				
i		th was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.			10i						
Part '	VI	Pension Funding Compliance									
		is a defined benefit plan subject to minimum funding requirement							Y	es X No	
12	ls t	nis a defined contribution plan subject to the minimum funding rec	quirements of sectio	n 412 of the Code	or se	ction 3	302 of	ERISA?	Y	es X No	
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	,								
		vaiver of the minimum funding standard for a prior year is being a ting the waiver.									
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M			uı		Бау		rear_		
		r the minimum required contribution for this plan year		-		Г	12b				
		r the amount contributed by the employer to the plan for this plan					12c				
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a min	us sign to the left	of a		12d				
е	Will	the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No	N/A	
Part \	VII	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	ır?					П	es X No	
	If "Y	es," enter the amount of any plan assets that reverted to the emp	lover 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?							es X 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.)										
13	13c(1) Name of plan(s):						13c(2) EIN(s)			(3) PN(s)	
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonab	le cau	ıse is	establ	lished.			
Under SB or	per Sch	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have	examined this retu	urn/re	oort, in	cludin	g, if applic			
SIGN	Filed with authorized/valid electronic signature. 06/29/2011 NICK SUTHEIMER										
UEDE					of individual signing as plan administrator						

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

2023677010

From:

06/29/2011 10:22 #719 P. 002/003

This form is noutried to be filled unider sections by the and 4056 of the Emphysies Composed Section (1998) and Control (1998)		Form 5500-SF	Short Form Annual Return/Report of Small Employ Benefit Plan				QMB Nos. 1210-0110 1210-0089					
Internal Revocus Code (Not Code) Internal Revocus Code (Not Code) Internal & Open to Public Previous Prevocus Prevocus Code (Not Code) Internal Code		Coperations of the Tressury Internet Revenue Service	This form is required to be filed under sections 104 and 4065 of the				2009					
Annual Report Identification Information Complete all entities in accordance with the instructions to the Form \$50.6F, Inspection To celebrate plan year 200.9 of feed being a 12/03/2009 and enviring 11/30/2010 One-perficient plan		Department of Labor replaces Secrety Administration	Retirement income Security		Marie							
A This return/report is for: Start seturn/report (sentification information in return/report is for: Start seturn/report in the start seturn/report in the start seturn in the start setur	1000000			,	Ler							
A This return/report is for: This return/report If first return/report If If first return If If Thrue-digit If If Thrue-digit If		Annual Report Identification Information										
B This return/report is for: arraymented return/report short plan year infurnity-port short plan year infurnity-port less than 12 months) DFVC program	For	celendar plan year 2009 or fisca	—	12/01/2	009 and ending		11/30/20	10				
C Check box if Sting under	A	This return/report is for:	single-employer plan] multiple-d	employer plan (not multiemployer)		one-participa	nt plan				
C Check box if Sling under:	B	This return/report is for:	first return/report	finel retui	m/report							
Basic Flan Information—enter all requested information 1a Name of pian (CT SUPPLY COMPANY 4 OIR PLAN) 1b Three-digit pian name (Plan RCT SUPPLY COMPANY 4 OIR PLAN) 2c [Issue spots of significant of pian name (Plan RCT SUPPLY COMPANY 4 OIR PLAN) 2d [Issue spots of significant or pian (Plan RCT SUPPLY COMPANY 4 OIR PLAN RCT SUPPLY C			an amended return/report	short plan	n year return/report (less than 12 mon	iths)						
Basic Plan Information—enter all requested information 1a Name of plans RCZ SUPPLY COMPANY 401K PLAN 2a Planspaged 1 plans a conference of the plan number (PN) } 2b Company 1 planspaged 1 planspage 1 planspa	Ç	Check box if filing under:	Form 5558	automatic	extension		OFVC progra	am				
18 American of piece. KCT SUPPLY COMPANY 401K PLAN 10 Employer fouritication Number (PN) ▶ 0.002 28 Plan protect? Jump, and address (employer, if for single-employer plan) SUPPLY CO JLC 3708 MANSLICK ROAD 10 Employer fouritication Number (EM) 54 - 2.318331 26 Plan spotsor's stelephone number (200.3 54 - 1.21831) 27 Plan spotsor's stelephone number (200.3 54 - 1.21831) 38 Plan administrator's name and address (if same as Plan sponsor, enter "Same") 39 Plan protect EIN of the plan apensor has changed since the last return/report filed for this plan, enter the number (100.3 and the plan number from the last return/report. Spensor's name 4 If the name and/or EIN of the plan apensor has changed since the last return/report filed for this plan, enter the number (100.3 and the plan number from the last return/report. Spensor's name 4 If the name and/or EIN of the plan apensor has changed since the last return/report filed for this plan, enter the number of participants at the beginning of the plan year. 5 Total number of participants at the ed of the plan year. 5 Total number of participants at the ed of the plan year (defined benefit) plans do not complete this tem). 5 Total number of participants at the end of the plan year invested in eligible assets? (See instructions). 5 Total number of participants at the plan year invested in eligible assets? (See instructions). 5 Total number of participants are the number of the annual semmation and report of an independent quilified public accountant (IOPA) under 20 CFR 252.0 Ind-45? (See instructions on waiver eligibility and conditions). 5 Total plan liabilities. 5 (a) Beginning of Year 7 Plan Assets and Liabilities 7 De 0 1.0.29? 8 Income, Expenses, and Transfers for this Plan Year 8 (a) Annount (b) Total 10 Contributions received or receivable from: 11 Employers 22 Participants 23 (a) Chars (inclusing rolevers). 34 (a) Annount (b) Total 5 Total income (dest). 35 (b) Total income (dest). 36 (c) Chars (inclusing rolevers). 37 (c) Chars (inc	N. C. T. I.											
RCI SUPPLY COMPANY 401K PLAN (PN) 001 1c Effective data of plan 12/01/2006 2a Fing promoter game, and address (employer, life single-employer plan) SUPPLY COLLC 3708 MANSLICK ROAD 2d Extended Company (1988) (and plan address (if same as Plan aponsor, enter "Same") 3a Right administrator's name and address (if same as Plan aponsor, enter "Same") 3b Administrator's telephone number (502) 351-1659 3c Administrator's name and address (if same as Plan aponsor, enter "Same") 3c Administrator's telephone number from the fast return/report fixed for this plan, enter the name, Elix, and the plan number from the fast return/report. Sponsor's name 4 If the name and/or ElN of the plan aponsor has changed since the last return/report fixed for this plan, enter the name, Elx, and the plan number from the fast return/report. Sponsor's name 4 Total number of participants at the beginning of the plan year 5a Total number of participants at the dard of the plan year. 5a Total number of participants with account beliance as of the end of the plan year (defined benefit plans do not complete this term). 6b Total number of participants with account beliance as of the end of the plan year (defined benefit plans do not complete this term). 6c Were all of the plant hassets during the plan year invested in elligible assets? (See instructions). 6c Were all of the plant hassets during the plan parameter and report of an independent qualified quable accountant (ICPA) 6d Are you claiming a walver of the annual examination and report of an independent qualified public accountant (ICPA) 6d Are you deliming a walver of the annual examination and report of an independent qualified public accountant (ICPA) 6d Are you deliming a walver of the annual examination and report of an independent qualified public accountant (ICPA) 6d The plant assets 6d The plant assets 7e Total plant assets 7			ttation—enter all requested infon	mation								
28 Cligi postation of the plant approach as the end of the plan year. (See instructions). 29 Total number of participants at the beginning of the plan year. (See instructions). 20 Total number of participants at the dend of the plan year invested in ellipsible assets? (See instructions). 21 Total number of participants at the dend of the plan year invested in ellipsible assets? (See instructions). 22 Total number of participants at the dend of the plan year invested in ellipsible assets? (See instructions). 23 Total number of participants at the dend of the plan year invested in ellipsible assets? (See instructions). 24 Total number of participants at the plant year invested in ellipsible assets? (See instructions). 25 Total number of participants at the plant year invested in ellipsible assets? (See instructions). 26 Were all of the plant assets during the plant year invested in ellipsible assets? (See instructions). 27 Plan Assets and Lipstrities. 28 (See 19 10 4-45? (See instructions on waker ellipsibility and conditions). 29 Infanzical Information 29 Plan Assets and Lipstrities. 20 Total plant assets (Subtract line 75 from 8ne 7s). 20 Total plant assets (Subtract line 75 from 8ne 7s). 29 Assets and Charles as one should be plant year invested in ellipsib assets? (See instructions). 20 Total plant assets (Subtract line 75 from 8ne 7s). 20 Total plant assets (Subtract line 75 from 8ne 7s). 21 Total plant assets (Subtract line 75 from 8ne 7s). 22 Total plant assets (Subtract line 75 from 8ne 7s). 23 (Subtract line 75 from 8ne 7s). 24 Total plant assets (Subtract line 75 from 8ne 7s). 25 Total income (Ses), Inspanse, and Transfers for this Plan Year 26 (Subtract line 75 from 8ne 7s). 27 Total plant assets (Subtract line 75 from 8ne 7s). 29 Total plant assets (Subtract line 75 from 8ne 7s). 20 Total income (Ses), Inspanse, and Transfers for this Plan Year 27 Total plant assets (Subtract line 75 from 8ne 7s). 29 Total income (Ses), Inspanse, and Transfers for this Plan Year 29 Total	124	Name or plan KCI SUPPLY COMPANY	401K PLAN			16						
2 Allian popularity and address (remployer, if for single-employer plan) 2 Employer feathflatts in Number (Elif) 54-2138351 2 Plan sponsor's telephone number (Elif) 54-2138351 3 Administrator's lelin 3 Administrator's telephone number (Elif) 8 Administrator's telephone number (Elif) 8 Plan sponsor's telephone number (Elif) 8 Plan sponsor's name 4 Elif 8 Plan sponsor's name 4 Elif 8 Plan sponsor's name 5 Plan spon								001				
2a Campaceutor's game and address (employer, if or incide-employer plan) SUPPLY CO ILC 3708 MANSLICK ROAD 308 MANSLICK ROAD 309 Manslick Road 40 Manslick Road 41 Manslick Road 42 Manslick Road 42 Manslick Road 43 Manslick Road 44 If the name and address (if same as Plan apprasor, enter "Same") 30 Administrator's name and address (if same as Plan apprasor, enter "Same") 45 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 fast return/report. Sponsor's name 46 PN 58 Total number of participants at the beginning of the plan year 59 Total number of participants at the end of the plan year 60 Total number of participants at the end of the plan year (defined benefit plans do not complete this term). 61 Ware all of the plan assets during the plan year invested in eligible assets? (See instructions,). 62 Ware all of the plan assets during the plan year invested in eligible assets? (See instructions,). 63 Manslick Information 64 Ware all of the plan assets during the plan year invested in eligible assets? (See instructions,). 65 Manslick Information 65 Manslick Information 66 Manslick Information 67 Pin Assets and Usbrilles 68 Inamicial Information 69 Manslick Information 69 Manslick Information 60 Manslick Information 61 Manslick Information 62 Manslick Information 63 Manslick Information 64 Manslick Information 65 Manslick Information 65 Manslick Information 66 Manslick Information 67 Manslick Information 67 Manslick Information 68 Manslick Information 69 Manslick Information 69 Manslick Information 60 Mansli			•			1c						
SUPELY COLLC 3708 MANSLICK ROAD LOUISVILLE 3708 MANSLICK ROAD LOUISVILLE 3708 MANSLICK ROAD 38 Plan approacy talesphone number (20) 361-1669 39 Administrators name and address (if same as Plan sponsor, enter "Same") 30 Administrator's EinN 31 Administrator's EinN 32 Administrator's EinN 33 Administrator's telephone number (20) 37 Administrator's telephone number (20) 37 Administrator's telephone number (20) 38 Administrator's telephone number (20) 39 Administrator's telephone	70	Clas standard and and add			484	#A.D						
3708 MANSLICK ROAD LOUISVILLE KY 40215 20 Business code (see instructions) 21 Business code (see instructions) 22 Administrator's telephone number (502) 361-3659 30 Administrator's telephone number (12800) 31 Administrator's telephone number (12800) 32 Administrator's telephone number (12800) 33 Administrator's telephone number (12800) 34 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. Sponsor's name 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 plan number of participants at the end of the plan year. 5 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 plan number of participants at the end of the plan year. 5 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the AC PN 5 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the AC PN 5 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the AC PN 5 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the AC PN 5 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the AC PN 5 If the name and/or EIN of the plan sponsor of the Bart return/report filed for this plan, enter the AC PN 5 If the name and/or EIN of the plan sponsor of the Bart return/report filed for this plan, enter the AC PN 5 If the name and/or EIN of the plan sponsor of the plan year (defined benefit plan do not complete this file. 5 If the name and/or EIN of the plan sponsor of the plan sponsor of the plan sponsor of the structors benefit the name and/or EIN of the plan sponsor of the	# de		TOR & INDUSTRIAL	er (nan)		20	Employer Identi	fication Number 6351				
### ADDITIONAL ROAD **EQUISVILLE** **EQUISVILLE** **EXAMPLE** **A 1215 **A Commission of Early States and Address (if same as Plan sponeor, enter "Same") **A Early administrator's name and address (if same as Plan sponeor, enter "Same") **A Early administrator's name and address (if same as Plan sponeor, enter "Same") **A Early administrator's telephone number name. Elik, and the plan aponeor has changed since the last return/report filed for this plan, enter the name. Elik, and the plan number from the last return/report filed for this plan, enter the name. **A Elik ** **Administrator's telephone number of participants at the beginning of the plan year. ** **B Total number of participants at the beginning of the plan year. ** **B Total number of participants at the end of the plan year. ** **C Total number of participants at the end of the plan year. ** **C Total number of participants at the end of the plan year (defined benefit plans do not complete this fero). ** **B Total number of participants at the end of the plan year (defined benefit plans do not complete this fero). ** **B Were all of the plan's assets during the plan year (weeted in eligible assets? (See instructions). ** **B Were all of the plan's assets during the plan year (weeted in eligible assets? (See instructions). ** **B Were all of the plan's assets during the plan year (weeted in eligible assets? (See instructions). ** **B Yeas		ZOARTA CO TITO			Î	2c	Plan sponsor's	telephone number				
A 239.00 32 Administrator's name and address (if same as Pian sponsor, enter "Same") 33 Administrator's telephone number (Same") 34 Administrator's telephone number (Same") 35 Administrator's telephone number (Same") 46 EIN 47 Administrator's telephone number (Same") 48 Administrator's telephone number (Same") 49 EIN 40 EIN 40 EIN 40 EIN 40 EIN 51 Total number of participants at the beginning of the plan year (Same") 55 Total number of participants with account balances as of the end of the ptan year (defined benefit plans do not complete this ferm). 56 Were all of the plan assets during the plan year invested in eligible assets? (Sae instructions.) 57 A you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) and examination and report of an independent qualified public accountant (IQPA) and examination and report of an independent qualified public accountant (IQPA) and examination and report of an independent qualified public accountant (IQPA) and examination and report of an independent qualified public accountant (IQPA) and examination and report of an independent qualified public accountant (IQPA) and examination and report of an independent qualified public accountant (IQPA) and examination and report of an independent qualified public accountant (IQPA) and examination and report of an independent qualified public accountant (IQPA) and IQPA IQPA IQPA IQPA IQPA IQPA IQPA IQPA		3708 MANSLICK ROAD			autoria de la companya del la companya de la compan		(502)361-	1669				
38 Administrator's name and address (if same as Plan sponsor, enter "Same") 39 Administrator's EIN 30 Administrator's EIN 30 Administrator's EIN 30 Administrator's EIN 30 Administrator's EIN 31 Administrator's EIN 32 Administrator's telephone number 41 If the name and/or EIN of the plan spensor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Spensor's name 42 If the name and/or EIN of the plan spensor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the fast return/report. Spensor's name 45 EIN 46 PN 58 Total number of participants at the beginning of the plan year. 59 Total number of participants at the end of the plan year. 50 Total number of participants at the end of the plan year. 50 Total number of participants at the end of the plan year. 50 Total number of participants at the end of the plan year. 50 Total number of participants at the end of the plan year. 50 Total number of participants at the end of the plan year. 51 Total number of participants at the end of the plan year. 52 Total number of participants at the end of the plan year invested in eligible assets? (See instructions). 53 Total plan assets during the plan year invested in eligible assets? (See instructions). 54 Total plan assets and Lisbifities 55 Total plan assets and Lisbifities 65 Total plan assets and Lisbifities 66 Total plan assets and Lisbifities 67 Total plan assets and Lisbifities 67 Total plan assets and Lisbifities 68 Total plan assets and Lisbifities 69 Total plan assets (subtract line 76 from line 7s). 70 Total plan assets and Lisbifities 71 Total plan assets (subtract line 76 from line 7s). 71 Total plan assets and Lisbifities 69 Total plan assets (subtract line 76 from line 7s). 72 Total plan assets (subtract line 76 from line 7s). 73 Total plan assets and Lisbifities 60 Total plan assets (subtract line 76 from line 7s). 74 Total plan assets and (LOUISVILLE			KY 40215	之以		(see instructions)				
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. Sponsor's name 4 EIN 4 PN 5 Total number of participants at the beginning of the plan year 5 Total number of participants at the end of the plan year 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 Total plans assets during the plan year invested in eligible assets? (See instructions.). 5 Total plan account (IQPA) 6 Total plan account (IQPA) 7 Total plan account (IQPA) 8 Income, Expenses, and Transfers for this Plan Year 9 Total plan account (IQPA	3a	Plan administrator's name and	address (if same as Plan aponsor,	enter *Sam		3b	Administrator's	EIN				
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. Sponsor's name 4 EIN 4 PN 5 Total number of participants at the beginning of the plan year 5 Total number of participants at the end of the plan year 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5 Total plans assets during the plan year invested in eligible assets? (See instructions.). 5 Total plan account (IQPA) 6 Total plan account (IQPA) 7 Total plan account (IQPA) 8 Income, Expenses, and Transfers for this Plan Year 9 Total plan account (IQPA						5a	A designation to the					
Total number of participants at the beginning of the plan year	MINIMANULE					36	Administrator s telephone numbi					
Total number of participants at the beginning of the plan year	4	if the name and/or EIN of the pla	n sponsor has changed since the i	ast returnire	port filed for this plan, enter the	4b EIN						
Total number of participants at the beginning of the plan year		name, cus, and on pan names	mom me issi retumreport. Sport	sors name		4c	PN					
b Total number of participants at the end of the plan year C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this riem). 5c	5a	Total number of participants at	the beginning of the plan year	6+5+nlunkkeeue-								
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this filem)	b	Total number of participants at	the end of the pien yeer		q.kddir.121,52 phen#6-25/242276.422.com.cod.42cm.phen.c.).com.phen.		,					
Were all of the plan's assets during the pisar year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA) under 29 CPR 2520.104-45? (See instructions on waiver eligibility and conditions.) If you answered "No" to either 5a or 6b, the plan cannot use Form 5500-SF and must inetead use Form 5500. Financial Information Plan Assets and Lisbitities (a) Beginning of Year Total plan assets Total plan assets (b) End of Year Total plan assets (b) End of Year Total plan assets (c) Net plan assets (subtract line 7b from line 7s). To the plan assets (subtract line 7b from line 7s). Contributions received or receivable from: (a) Contributions received or receivable from: (b) Total Contributions received or receivable from: (c) Other income (loss). C) Other income (loss). C) Other income (loss). C) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). C) Contributions goal (including direct rollovers and incurance premiums to provide benefits). C) Curtain deemed and/or corrective distributions (see instructions). C) Curtain deemed and/or corrective distribut	C	Total number of participants will	th account balances as of the end	of the plan y	rear (defined benefit plans do not	************						
b Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA) If you answered "No" to either 5a or 5b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities Total plan assets Ta 72, 189 100, 290 No Total plan issets (subtract line 7b from line 7s). 7c 72, 189 100, 290 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: The property of the income (loss). 8a(1) 4, 082 Participants 8a(2) 14, 465 Total income (loss) (subtract lines 8a(1), 8a(2), 8a(3), and 8b). 8c 25, 993 Examinate paid (including direct rollovers and insurance premiums to provide benefits). 8d Certain deemed and/or corrective distributions (see instructions). 8f Other expenses. 8f Administrative service providers (saidries, fees, commissions). 8f Other expenses. (add lines 8d, 8e, 8f, and 8g). 8f No Total income (loss) (subtract line 8h from line 6c). 8f No Total income (loss) (subtract line 8h from line 6c). 8f No Total income (loss) (subtract line 8h from line 8c). 8f No Total income (loss) (subtract line 8h from line 8c). 8f No Total income (loss) (subtract line 8h from line 8c). 8f No Total expenses (add lines 8d, 8e, 8f, and 8g). 8f No Total expenses (add lines 8d, 8e, 8f, and 8g). 8f No Total expenses (add lines 8d, 8e, 8f, and 8g). 8f No Total expenses (add lines 8d, 8e, 8f, and 8g). 8f No Total expenses (add lines 8d, 8e, 8f, and 8g). 8f No Total expenses (add lines 8d, 8e, 8f, and 8g). 8f No Total expenses (add lines 8d, 8e, 8f, and 8g). 8f No Total expenses (add lines 8d, 8e, 8f, and 8g). 8f No Total expenses (add lines 8d, 8e, 8f, and 8g). 8f No Total expenses (add lines 8d, 8e, 8f, and 8g). 8f No Total expenses (add lines 8d, 8e, 8f, and 8g). 8f No Total expenses (add lines 8d, 8e, 8f, and 8g). 8f No Total expenses (add lines 8d, 8e, 8f, and 8g). 8f No Total expenses (add lines 8d, 8e, 8f, and 8g). 8f	Æ-s	Micro of of the plan's sense of	the state of the s		****	W. A						
under 29 CFR 2520.104-487 (See Instructions on waiver eligibility and conditions)		Are you claiming a waiver of the	e annual exemination and report of	of an indepe	ndent cualified public archurtant (IO)	D۵۱		Na Les II No				
Financial Information Plan Assets and Liabifities Total plan assets Total income (asset) Total income (asset) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Total income (add lines 8a(8), 8a(8), 8a(8), 8a(8), 8a(8), 8a(8) Total expenses Total income (add lines 8a, 8e, 8i, and 8g) Total expenses Total income (add lines 8a, 8e, 8i, and 8g) Total expenses (add lines 8a, 8e, 8i, and 8g) Total expenses (add lines 8a, 8e, 8i, and 8g) Total expenses (add lines 8a, 8e, 8i, and 8g) Total expenses (add lines 8a, 8e, 8i, and 8g) Total expenses (add lines 8a, 8e, 8i, and 8g) Total expenses (add lines 8a, 8e, 8i, and 8g) Total expenses (add lines 8a, 8e, 8i, and 8g) Total expenses (add lines 8a, 8e, 8i, and 8g) Total expenses (add lines 8a, 8e, 8i, and 8g) Total expenses (add lines 8a, 8e, 8i, and 8g) Total expenses (add lines 8a, 8e, 8i, and 8g) Total expenses (add lines 8a, 8e, 8i, and 8g) Total expenses (add lines 8a, 8e, 8i, and 8g) Total expenses (add lines 8a, 8e, 8i, and 8g) Total expenses (add lines 8a, 8e, 8i, and 8g) Total expenses (add lines 8a, 8e, 8i, and 8g) Total expenses (add lines 8a, 8e, 8i, and 8g) Total expenses (add lines 8a, 8e, 8i, and 8g)		under 29 CFR 2520.104-467 (5	See instructions on waiver eligibility	/ and condit	fons.)	*	berkklasskaattaned toog	Yes No				
7 Pian Asseta and Liabiffies 7 Total plan asseta 7 Total plan ilabifities 8 (a) Amount 8 (b) Total 8 (b) Total 8 (a) Amount (b) Total 8 (b) Total 8 (a) Amount (b) Total 8 (b) Total 8 (a) Amount (b) Total 8 (b) Total 8 (b) Total 8 (a) Amount (b) Total 8 (c) T	经验			Form 5500-	SF and must instead use Form 550	0.						
Total plan assets 78 72, 189 100, 290 1	WASHINGTON		ICINAT			Т-		***				
b Total plan liabilities	a		4	72		<u> </u>	(D) End					
C Net pian 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). (4) Ba(3) (5) Other income (loss). (6) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (7) Banafits paid (including direct rollovers and insurance premiums to provide benefits). (8) Certain deemed and/or corrective distributions (see instructions). (8) Cither expenses. (9) Cither expenses. (1) Banafits rative service providers (salaries, fees, commissions). (1) Employers. (1) Employers. (2) Participants. (3) Others (including rollovers). (4) Banafits paid (including direct rollovers and insurance premiums to provide benefits). (6) Certain deemed and/or corrective distributions (see instructions). (7) Banafits paid (including direct rollovers and insurance premiums to provide benefits). (8) Banafits paid (including direct rollovers and insurance premiums to provide benefits). (8) Banafits paid (including direct rollovers and insurance premiums to provide benefits). (8) Banafits paid (including direct rollovers and insurance premiums to provide benefits). (8) Banafits paid (including direct rollovers and insurance premiums to provide benefits). (8) Banafits paid (including direct rollovers and insurance premiums to provide benefits). (8) Banafits paid (including direct rollovers and insurance premiums to provide benefits). (8) Banafits paid (including direct rollovers and insurance premiums to provide benefits). (8) Banafits paid (including direct rollovers and insurance premiums to provide benefits). (8) Banafits paid (including direct rollovers and insurance premiums to provide benefits). (8) Banafits paid (including direct rollovers and insurance premiums to provide benefits). (8) Banafits paid (including direct rollovers and insurance premiums to provide benefits). (8) Banafits paid (including direct rollovers and insurance premiums to provide benefits). (9) Bana	b				12,40	<u>-</u>		100,230				
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers 8a(1) 4, 082 (2) Participants 8a(2) 14, 465 (3) Others (including rollovérs) 8a(3) 0 Dither income (loss) 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Eartain deemed and/or corrective distributions (see instructions) 8c C Certain deemed and/or corrective distributions (see instructions) 8c G Other expenses (add lines 8d, 8e, 8f, and 8g) 8c I Net income (loss) (subtract line 8h from line 8c) 8c C Strip (loss) (subtract line 8h from line 8c) 8c C Strip (loss) (subtract line 8h from line 8c) 8c C Strip (loss) (subtract line 8h from line 8c) 8c C Strip (loss) (subtract line 8h from line 8c) 8c	¢				72.18	9	7.00	100.290				
Contributions received or receivable from: (1) Employers 8a(1) 4,082 (2) Participants 8a(2) 14,465 (3) Others (including rollovers) 8a(3) 0 Other income (loss) 10,445 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d C Certain deemed and/or corrective distributions (see instructions) 8d C Certain deemed and/or corrective distributions (see instructions) 8f Other expenses 6d Total expenses (add lines 8d, 8e, 8f, and 8g) 8h Net income (loss) (subtract line 8h from line 8c) 8l C 28, 101	8		4		,							
(2) Participants 88(2) 14,465 (3) Others (Including rollovers) 88(3) 0 Dither Income (loss) 8b 10,445 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 28,992 d Sensitis paid (Including direct rollovers and insurance premiums to provide benefits) 8d 891 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 6dd lines 8d, 8e, 8f, and 8g) 8h Net Income (loss) (subtract line 8h from line 8c) 8l Net Income (loss) (subtract line 8h from line 8c) 8l	ā				:							
(3) Others (including rollovers)												
b Other Income (loss)				THE RESERVE THE PERSON NAMED IN COLUMN 1	14,46							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 28, 992 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 891 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 9d 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h Net income (loss) (subtract line 8h from line 8c) 8l	h				10.44							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	c				10,44	Ent						
to provide benefits)	đ	Benefits paid (including direct re	ollovers and insurance premiums					, c , c ,				
f Administrative service providers (salaries, fees, commissions)		to provide benefits)	E4P#**#BB04 K000x+f044x4b0/xf A848444&-Juniouvania									
g Other expenses 8g C h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 891 i Net Income (loss) (subtract line 8h from line 8c) 8l 28,101	-		•	-		9						
h Total expenses (add lines 8d, 8e, 8f, and 8g)			,	THE PERSON NAMED IN COLUMN 1								
Net income (loss) (subtract line 8h from line 8c)				-								
Towns to the state of the state	ÇE 1			*****		-						
	ł							28,101				
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5600-3F. For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5600-3F. Form 5600-3F.	For l			.) 91	5600-3F,			Porm \$500-3 F (2004)				

From:

06/29/2011 10:22 #719 P. 003/003

	Form 5500-SF 2009	Page 2-							
	Plan Characteristics					· · · · · · · · · · · · · · · · · · ·			
9a	If the plan provides pansion benefits, enter the applicable pension feature co								
b	If the plan provides welfare benefits, enter the applicable welfare feature co	ies from the List of Plat) Characteris	fic Cod	les in ti	ne instructio	ns:		
	Compliance Questions								
10	During the plan year:			Yea	No	A	mount		
а	29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary Cor	102		X					
ĵo.	Were there any nonexempt transactions with any party-in-interest? (Do not on line 10s.)	include transactions re	105		х				
C	Was the plan covered by a fidelity bond?			X			1	0,000	
d	or dishonsaly?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10d		х		<u>, , , , , , , , , , , , , , , , , , , </u>		
¢	Were any fees or commissions paid to any brokers, agents, or other person insurance service or other organization that provides some or all of the ban instructions.)	effis under the plan? (S	ee	X		la (de lin de Urcolo Combinato de Jo nes		133	
f	Has the plan failed to provide any benefit when due under the plan?		10f		х				
a	Did the plan have any participant loans? (If "Yes," enter amount as of year	:nd.)	10a		х				
h		uctions and 29 CFR			х				
i	If 10h was enswered "Yes," check the box if you either provided the require exceptions to providing the notice applied under 29 CFR 2520.101-3	d notice or one of the							
	Pension Funding Compliance								
11	ls this a defined benefit plan subject to minimum funding requirements? (if 5500))	Yes," see instructions i	ind complete	Sched	ule SB	(Form	Yes	X No	
12	is this a defined contribution plan subject to the minimum funding requirem						Yes	X No	
	(If "Ves." complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
8	If a waiver of the minimum funding standard for a prior year is being amount	ed in this plan year, se	e instrucționă	, and é	mier th	e date of the	e letter rui	ling	
żź	granting the waiver	nn 8500), and skin to	Mentri <u></u> Ina 13.		Day,		- GBL		
	Enter the minimum required contribution for this plan year			7****	12b			·····	
				,	12c	·····	***************************************		
C d		l /enter a minus sian to	the left of a	"" -					
44	negative amount)				12d		a a da alabahan anada		
ė.	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?		******		Yes	No	N/A	
	Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan year or	any prior year?	**************				Yes	X No	
	if "Yes," enter the amount of any plan assets that reverted to the employer				13a				
b	of the PBGC?	Cd		********	******		Yes	X No	
C	6 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):			<u> </u>	13	c(2) El	N(s)	130(3)	PN(s)	
						1,110,110,110			
Cau	tion: A penalty for the late or incomplete filing of this return/report will i	en stablen hassasse ac	es eldenose	use fe	establ	lahed.	<u> </u>	***	
Und \$18 c	er penalties of perjury and other penalties set forth in the instructions, I declar or Schedule MB completed and signed by an enrolled actuary, as well as the of, it is true, correct, and complete.	re that I have examined	this return/re	port, ir	holuding	, if applicat	ile, a Sch nowledge	edule and	
action, in the way, written, and completely,								, ,	
					_				
Signature of plan administrator Date Enter name of individual signing as plan administrator									
		<u>/18/// </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		**************************************			
滑髓	Signature of employer/plan aponeor Date Enter name of individual signing as employer or plan sponsor							Onsor	