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.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

| | art I Annual Report Identification Information | | | | | |
|------|--|-------------|-------------------------------------|-----------|---------------------------|---------------------------|
| For | calendar plan year 2010 or fiscal plan year beginning 01/01/201 | 0 | and ending | 12/31/ | 2010 | |
| Α . | This return/report is for: Single-employer plan | multiple-e | employer plan (not multiemployer) | | one-participa | nt plan |
| В | This return/report is for: first return/report | final retur | n/report | | | |
| | an amended return/report | short plar | year return/report (less than 12 m | onths) | | |
| С | Check box if filing under: Form 5558 | automatio | extension | | DFVC progra | ım |
| | special extension (enter description | on) | | | | |
| Pa | art II Basic Plan Information—enter all requested inform | ation | | | | |
| | Name of plan | idion | | 1b | Three-digit | |
| | IS-BACON PENSION MARKETING, INC. PENSION PLAN & TRUS | Т | | | plan number | 001 |
| | | | | | (PN) • | |
| | | | | 1C | Effective date of 01/01/2 | |
| 2a | Plan sponsor's name and address (employer, if for single-employer | · plan) | | 2b | Employer Identif | |
| | IS-BACON PENSION MARKETING, INC. | F, | | | (EIN) 91-2106 | |
| 1560 | 0 REDMOND WAY | | | 2c | Plan sponsor's t | elephone number |
| SUIT | E 203 | | | 2d | Business code (| |
| KEDI | MOND, WA 98052 | | | 124 | 524290 | see manuellons) |
| 3a | Plan administrator's name and address (if same as Plan sponsor, e | | | 3b | Administrator's I | |
| DAVI | IS-BACON PENSION MARKETING, INC. 15600 REDN SUITE 203 | | | 30 | 91-2106 | |
| | REDMOND, | WA 98052 | | 36 | 425-889 | elephone number 9-8855 |
| | f the name and/or EIN of the plan sponsor has changed since the la | | port filed for this plan, enter the | 4b | EIN | |
| - | name, EIN, and the plan number from the last return/report. Sponso | or's name | | 40 | PN | |
| 5a | Total number of participants at the beginning of the plan year | _ | FIN | 2 | | |
| b | Total number of participants at the end of the plan year | | 5a 5b | | 2 | |
| c | Total number of participants with account balances as of the end o | | | 30 | | |
| | complete this item) | | | . 5c | | |
| 6a | Were all of the plan's assets during the plan year invested in eligib | ole assets? | (See instructions.) | | | X Yes No |
| b | Are you claiming a waiver of the annual examination and report of | | | | | X Yes No |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F | | • | | | ☐ Tes ☐ 140 |
| Pa | art III Financial Information | 01111 0000 | or and mast moteda asc r orm o | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | | (b) End | of Year |
| а | Total plan assets | 7a | 19750 | 00 | , , | 563995 |
| b | Total plan liabilities | . 7b | | 0 | | 0 |
| С | Net plan assets (subtract line 7b from line 7a) | . 7c | 19750 | 00 | | 563995 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | (b) T | otal |
| а | Contributions received or receivable from: | 0-(4) | 33482 | 22 | | |
| | (1) Employers | . 8a(1) | | 0 | | |
| | (2) Participants | ` ' | | 0 | | |
| b | Other income (loss) | ` ' | 3167 | '3 | | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | . 8c | | | | 366495 |
| d | Benefits paid (including direct rollovers and insurance premiums | 00 | | _ | | |
| | to provide benefits) | . 8d | | 0 | | |
| е | 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 | | | | 0 |
| į | Net income (loss) (subtract line 8h from line 8c) | | | | | 366495 |
| j | Transfers to (from) the plan (see instructions) | . Qi | | 0 | | |

| Form 5500-SF 2010 | Page 2- |
|-------------------|----------------|
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| | | • | |
|---------|------|--------|------------|
| Part IV | Dian | ('hara | cteristics |
| ганти | ган | Guara | ししせいろいしょ |

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| art | V Compliance Questions | | | | | | | |
|--------------|--|--------|---------|-----------|------------|--------|-------|--------|
| 0 | During the plan year: | | Yes | No | | Am | ount | |
| а | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | X | | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | X | | | | |
| С | Was the plan covered by a fidelity bond? | 10c | X | | | | | 100000 |
| 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 | | Х | | | | |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | | X | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | | X | | | | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | 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 | | | | | | |
| art | VI Pension Funding Compliance | | | | | | | |
| 1 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500)) | | | | | | Yes | No |
| 2 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | or se | ction 3 | 802 of E | RISA?. | | Yes | X No |
| | (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 instruct granting the waiver. Montle ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | | |
| | Enter the minimum required contribution for this plan year | | | 12b | | | | |
| | Enter the amount contributed by the employer to the plan for this plan year | | | 12c | | | | |
| | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount) | of a | | 12d | | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | | No | N/A |
| art | VII Plan Terminations and Transfers of Assets | | | | | | | |
| 3a | Has a resolution to terminate the plan been adopted 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 this year | | | 13a | | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC? | ınder | the co | ntrol | | | Yes | X No |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) | e plar | n(s) to | | | | | |
| 1 | 3c(1) Name of plan(s): | 130 | (2) EIN | ۱(s) | | 13c(3) | PN(s) | |
| | | | | | | | | |
| | | | | | | | | |
| Cauti | on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable | e cau | se is | establi | shed. | | | |
| Jnde SB o | r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re | rn/rep | ort, in | cluding | , if appli | | , | |
| elief | it is true, correct, and complete. | | | | | | | |

| SIGN | Filed with authorized/valid electronic signature. | 07/28/2011 | DAN SWEENEY |
|------|---|------------|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN | Filed with authorized/valid electronic signature. | 07/28/2011 | DAN SWEENEY |
| HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee

2010

OMB No. 1210-0110

This Form is Open to Public Inspection

Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

| | Pension | bellel | it Guaranty Corpt | bration | File as | an attachr | ment to Form | 5500 or | 5500-SF. | | | | | |
|-------|----------------------|---------|-------------------|------------------------|---|---------------|------------------|-----------|--------------------|-------------|----------|---------|-----------------|--------|
| Fo | r calenda | ar pla | an year 2010 | or fiscal plan y | ear beginning 0 | 1/01/2010 | | | and end | ng 12/3 | 1/2010 | | | |
| • | Round | off a | mounts to r | nearest dollar. | | | | | | | | | | |
| • | Caution | ı: A | penalty of \$1 | ,000 will be ass | sessed for late filing of | of this repo | rt unless reaso | nable ca | use is establishe | ed. | | | | |
| | Name of | | | IAPKETING IN | C. PENSION PLAN | & TDI IST | | | B Three-dig | it | | | 001 | |
| DA | VIO-DAC | OIN | FENSION W | IARKETING, IN | C. FENSION FLAN | & IKUSI | | | plan num | ber (PN) | <u> </u> | | | |
| | | | | | | | | | | | | | | |
| С | Plan spo | nsoi | 's name as s | shown on line 2 | a of Form 5500 or 55 | 500-SF | | | D Employer | dentificat | ion Num | nber (I | EIN) | |
| | • | | | ARKETING, IN | | | | | 91-2106125 | | | | , | |
| | | | | | | | | | 0.2.00.20 | | | | | |
| E · | Type of p | lan: | X Single | Multiple-A | Multiple-B | F | Prior year pla | ın size: | 100 or fewer | 101-50 | 00 1 | More th | nan 500 | |
| P | art I | Ra | sic Inforn | nation | | | | _ | | | | | | |
| 1 | | | aluation date | | Month 12 | Day <u>31</u> | Year 2 | 2010 | | | | | | |
| 2 | Assets | | aluation date | J. | VIOITUT 12 | Day | roar <u>z</u> | .010 | | | | | | |
| _ | | | et value | | | | | | | 2a | | | | 229908 |
| | | | | | | | | | | 2b | | | | 229908 |
| 3 | | | | ant count break | | | | (1) N | lumber of particip | | | (2) [| Funding Target | |
| | | • | • | | iciaries receiving pay | vment | 3a | (1) | ramber of partion | 0 | | (-) | unung ranget | 0 |
| | | | | | S | • | | | | 0 | | | | 0 |
| | | | ctive participa | | O | | | | | | | | | |
| | | | | | | | 3c(1) | | | | | | | 4453 |
| | ` | , | | | | | 2 (2) | | | | | | | 218721 |
| | • | , | | | | | 2 (2) | | | 2 | | | | 223174 |
| | . ` | , | | | | | | | | 2 | | | | 223174 |
| 4 | | | | | I complete items (a) | | | | П | | | | | |
| - | | | | | cribed at-risk assump | ` ' | | | - LJ | 4a | | | | |
| | _ | | 0 0 | 0 0. | ssumptions, but disre | | | | | | | | | |
| | | | | - | utive years and disre | - | | • | | 4b | | | | |
| 5 | Effecti | ve ir | nterest rate | | | | | | | 5 | | | | 5.87 % |
| 6 | Target | t nor | mal cost | | | | | | | 6 | | | | 23175 |
| Sta | | | nrolled Actu | | | | | | | | | | | |
| | | | | | d in this schedule and accor opinion, each other assum | | | | | | | | | |
| | combinatio | n, offe | er my best estima | ate of anticipated exp | perience under the plan. | | | | | | | | | |
| ; | SIGN | | | | | | | | | | | | | |
| ŀ | IERE | | | | | | | | | | 07 | 7/26/20 | 011 | |
| | | | | Signa | ture of actuary | | | | | | D | Date | | |
| ROI | BERT M. | HAI | NESS | | | | | | _ | | 1 | 1-049 | 45 | |
| | | | | | int name of actuary | | | | | Most re | ecent en | ırollme | ent number | |
| IAH | NESS & / | ASS | OCIATES, LI | LC | | | | | _ | | 916 | -435-9 | 9830 | |
| D ^ | DOV 00 | 00 | | F | irm name | | | | Te | lephone | number | (inclu | ding area code) | i |
| | . BOX 83 CKLIN, C | | 5677 | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | Add | ress of the firm | | | | _ | | | | | |
| f the | actuan | haa | not fully roff | ected any rocu | ation or ruling promu | ilasted usd | ler the statute | in comple | eting this school | la chaol | the how | and c | 200 | П |
| | t actuary | Has | not fully fell | coled ally regu | and or ruling proffic | ingaleu unu | ici ilie siaiule | iii compi | cang ans scriedu | io, dileck | IIIC DOX | . anu S | | Ш |

| Page | 2- | 1 |
|------|----|---|
| | | |

| Pa | rt II | Begin | ning of year | carryove | er and prefunding | bala | nces | | | | | | |
|---------|---|------------|----------------------------|----------------|------------------------------|---------|---------------------|---------------|----------------------------|--------|-------|-----------|---------------------|
| | | | | | | | | (a) C | arryover balance | | (b) | Prefundii | ng balance |
| 7 | | _ | | | cable adjustments (Item | | - | | | 0 | | | 0 |
| 8 | Portion | used to | offset prior year's | funding red | quirement (Item 35 from | prior | year) | | | 0 | | | 0 |
| 9 | Amount | remainir | ng (Item 7 minus i | tem 8) | | | | | | 0 | | | 0 |
| 10 | Interest | on item | 9 using prior year' | s actual re | turn of% | | | | | 0 | | | 0 |
| 11 | Prior ye | ar's exce | ess contributions to | o be added | d to prefunding balance: | | | | | | | | |
| | a Exce | ess contr | ributions (Item 38 | from prior | year) | | | | | | | | 4765 |
| | b Inter | est on (a | a) using prior year | 's effective | rate of% | | | | | | | | 0 |
| | C Tota | l availabl | e at beginning of co | urrent plan | year to add to prefunding | balan | ce | | | | | | 4765 |
| | d Port | ion of (c) | to be added to pr | efunding b | palance | | | | | | | | 4765 |
| 12 | Reduction | on in bal | ances due to elec | tions or de | emed elections | | | | | 0 | | | 0 |
| 13 | Balance | at begir | nning of current ye | ar (item 9 | + item 10 + item 11d – it | em 1 | 2) | | | 0 | | | 4765 |
| Pá | art III | Fun | ding percenta | iges | | | | | | | | | |
| 14 | Funding | target a | ttainment percent | age | | | | | | | | 14 | 100.88 % |
| 3 - 3 3 | | | | | | | 15 | 127.42 % | | | | | |
| | | | | | | | | | | | | | |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | | | | | | | | | | | | |
| Pa | Part IV Contributions and liquidity shortfalls | | | | | | | | | | | | |
| 18 | 18 Contributions made to the plan for the plan year by employer(s) and employees: | | | | | | | | | | | | |
| | (a) Date M-DD-Y | Э | (b) Amount pa employer(| aid by | (c) Amount paid by employees | | (a) Dat (MM-DD-Y | | (b) Amount pa employer(| | (| • | nt paid by byees |
| 10 | /14/2010 | | | 330000 | | 0 | | | | | | | |
| 02 | /15/2011 | | | 4822 | | 0 | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | Totals ► | 18(b) | | 334822 | 18(c) | | 0 |
| 19 | Discoun | ted emp | loyer contributions | s – see ins | tructions for small plan w | vith a | valuation da | ate after the | e beginning of the | year: | | | |
| | a Contr | ibutions | allocated toward u | unpaid min | imum required contributi | ion fro | om prior yea | rs | | 19a | | | 0 |
| | b Contr | ibutions | made to avoid res | trictions a | djusted to valuation date | | | | | 19b | | | 0 |
| | C Contri | ibutions a | allocated toward mi | nimum req | uired contribution for curre | ent ye | ar adjusted to | o valuation | date | 19c | | | 338834 |
| 20 | Quarterl | y contrib | utions and liquidit | y shortfalls | S: | | | | | | | | |
| | a Did th | ne plan h | ave a "funding sh | ortfall" for t | he prior year? | | | | | | | | Yes X No |
| | b If 20a | ı is "Yes, | " were required qu | uarterly ins | tallments for the current | year | made in a tir | mely manr | ner? | | | | Yes No |
| | C If 20a | is "Yes, | " see instructions | and compl | ete the following table as | s app | licable: | | | | | _ | |
| | | | | | Liquidity shortfall as o | of end | of Quarter | | • . | | | | |
| | | (1) 1s | st | | (2) 2nd | | | (3) | 3rd | | | (4) 4th | <u> </u> |

| Pa | rt V Assumptio | ns used to determine f | unding target and tar | rget n | ormal cost | | | |
|----|------------------------------|---|--------------------------------|-----------|-------------------------|------------|----------------------------|--|
| 21 | Discount rate: | | | | | | | |
| | a Segment rates: | 1st segment: 5.12 % | 2nd segment: 6.74 % | | 3rd segment: 6.83 % | | N/A, full yield curve used | |
| | b Applicable month | (enter code) | | | | 21b | 0 | |
| 22 | Weighted average ret | tirement age | | | | 22 | 66 | |
| 23 | Mortality table(s) (see | e instructions) \overline{X} Pre | escribed - combined | Pres | ribed - separate | Substitut | re | |
| Pa | rt VI Miscellane | ous items | | | | | | |
| 24 | ~ | nade in the non-prescribed act | · | • | • | | | |
| 25 | Has a method change | e been made for the current pla | an year? If "Yes," see instru | ictions r | egarding required attac | hment | Yes No | |
| 26 | Is the plan required to | provide a Schedule of Active | Participants? If "Yes," see i | instructi | ons regarding required | attachment | X Yes No | |
| 27 | , , | or (and is using) alternative fur | J / 11 | | | 27 | | |
| Pa | rt VII Reconcilia | ation of unpaid minimu | ım required contribut | tions f | or prior years | | | |
| 28 | Unpaid minimum requ | uired contribution for all prior y | ears | | | 28 | 0 | |
| 29 | , , | contributions allocated toward | | | ' ' | 29 | 0 | |
| 30 | Remaining amount of | funpaid minimum required cor | ntributions (item 28 minus ite | m 29) | | 30 | 0 | |
| Pa | rt VIII Minimum | required contribution | for current year | | | | | |
| 31 | | djusted, if applicable (see instr | | | | 31 | 221486 | |
| 32 | Amortization installme | ents: | · | | Outstanding Bala | ince | Installment | |
| | a Net shortfall amorti | ization installment | | | | 0 | 0 | |
| | b Waiver amortization | on installment | | | | 0 | 0 | |
| 33 | | approved for this plan year, en Day Year | | | | 33 | 0 | |
| 34 | 0 1 | ment before reflecting carryove | 1 0 | | | 34 | 221486 | |
| | | | Carryover balance | | Prefunding bala | nce | Total balance | |
| 35 | Balances used to offs | set funding requirement | | 0 | | 0 | 0 | |
| 36 | Additional cash requir | rement (item 34 minus item 35 |) | | | 36 | 221486 | |
| 37 | | ed toward minimum required co | • | • | | 37 | 338834 | |
| 38 | Interest-adjusted exce | ess contributions for current ye | ear (see instructions) | | | 38 | 117348 | |
| 39 | Unpaid minimum requ | uired contribution for current ye | ear (excess, if any, of item 3 | 6 over it | em 37) | 39 | 0 | |
| 40 | | | | | | | | |

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.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

| | | r identification information | | | | | | |
|----------------|---|---|---------------------|----------------|--|---|---|---|
| For | the calendar plan year 2010 | or fiscal plan year beginning | | 01/0 | 1/2010 and ending | 1 | 2/31/2010 | |
| A | This return/report is for: | x single-employer plan | | multiple-e | mployer plan (not multiemployer) | ı | one-participa | nt plan |
| В | This return/report is for: | first return/report | $\overline{\sqcap}$ | final return | /report | | _ | |
| | | an amended return/report | П | short plan | year return/report (less than 12 r | nonths) | | |
| С | Check box if filing under: | ☐ Form 5558 | Ħ | automatic | extension | ŕ | DFVC progra | m |
| • | one on some many arrangement | special extension (enter descript | ப tion | | | | | |
| Б | art II Basic Plan Info | ormation enter all requested in | | | | | | |
| - | Name of plan | Diffiation enter all requested in | 1101 | mation. | | 1b | Three-digit | <u> </u> |
| | • | \ADVERTIS 110 DELETE | | | | | plan number | |
| | DAVIS-BACON PENSION | MARKETING, INC. PENSION | PЬ | AN & TR | JST | 10 | (PN) ► | 001 |
| | | | | | | 10 | Effective date of 01/01/2009 | rpian |
| 2a | Plan sponsor's name and add | dress (employer, if for single-employe | r pl | an) | | 2b | Employer Identi | fication Number |
| | DAVIS-BACON PENSION | MARKETING, INC. | | | | | (EIN) 91-21 | |
| | 15600 Redmond Way | | | | | 2c | Plan sponsor's t (425) 889-8 | elephone number |
| | Suite 203 | | | | | 2d | Business code (| |
| | Redmond | WA 98052 | | | | 0.5 | 524290 | <u> </u> |
| Jа | Plan administrator's name and Same | d address (If same as plan employer, | , en | ter "Same" |) | 30 | Administrator's I | EIN |
| | | | | | | | | |
| | | | | | | 30 | Administrator's t | elephone number |
| | | | | | | | | |
| 4 | | plan sponsor has changed since the per from the last return/report. Sponse | | | ort filed for this plan, enter the | 4b | EIN | |
| | name, chi and the plan humb | ser from the last return/report. Spons | 01.9 | IVAINE | | 4c | PN | |
| 5a | Total number of participants a | at the beginning of the plan year | | | | | | 2 |
| þ | | at the end of the plan year | | | | . <u>5b</u> | _ | 2 |
| C | | vith account balances as of the end o | | | | . 5c | | |
| 6a | | during the plan year invested in eligib | | | | | | X Yes No |
| b | | he annual examination and report of | | | | | | |
| | | (See instructions on waiver eligibility a ner 6a or 6b, the plan cannot use Fo | | | | | | X Yes No |
| DA | rt III Financial Inform | | OFITI | | ina must instead use rorm 550 | | | |
| <u>га</u> 7 | Plan Assets and Liabilities | IIIaliOli | | 1000000 | (a) Paninning of Vand | | (b) End | of Vac- |
| ' a | T | | | | (a) Beginning of Year | 20 | (b) End | |
| _ | Total plan liabilities | | • | 7a 7b | 197,50 | 0 | <u> </u> | 563,995 |
| | • • | 1 | • | | 197,50 | | | 563,995 |
| C o | Net plan assets (subtract line | • | • • | 7c | | " – | | • |
| a | Income, Expenses, and Trans Contributions received or rece | | | | (a) Amount | | (0) | Γotal |
| | (1) Employers | · · · · · · · · · · · · · · · · · · · | | 8a(1) | 334,82 | 22 | | |
| | (2) Participants | | | 8a(2) | | 0 | | |
| | (3) Others (including rollovers | 3) | | 8a(3) | | 0 | | |
| b | Other income (loss) | | | 8b | 31,67 | 73 | | |
| | Total income(add lines 8a(1), | | | 8c | teres established in the contraction of the contrac | | Print Comments (Statistically of Control of Statistical Control | 366,495 |
| d | Benefits paid (including direct to provide benefits) | rollovers and insurance premiums | | _ , | | | | |
| е | | tive distributions (see instructions) | • | 8d 8e | | 0 | | |
| _ | | rs (salaries, fees, commissions) | | 8 f | | 0 | 4.04 | |
| | Other expenses | io (onianeo, reeo, commissions) | | 8g | | 0 | | |
| | · | On Of and Oal | • | | | 1 | NAME OF STREET | 0 |
| - | Total expenses (add lines 8d, | | • | 8h o: | | | · · · · · · | 366,495 |
| | Net income (loss) (subject line Transfers to (from) the plan (se | • | • | 8i 8i | | U JAN | | |
| | Transiers to thoma the bian ise | | | י ים י | | U BERNS | AND ASSESSMENT TO THE PARTY OF | CONTRACTOR OF THE PROPERTY OF |

| Par | IV Plan Characteristics | | | - | | | • | |
|------------------|---|-------------------------|----------------------------|-----------|----------------|--|------------|--|
| 9a | If the plan provides pension benefits, enter the applicable pension fea | ture codes from the l | ist of Plan Characterist | ic Code: | s in the | instructions: | | |
| h | 1C 1G 3D If the plan provides welfare benefits, enter the applicable welfare feat | ura aadaa fram tha Li | at of Dian Charactaristic | Cadaa | in dha i | innto intinuo. | | |
| | in the plant provides wellare beliefus, enter the applicable wellare realt | ure codes nom the Li | si di Fiari Characteristic | Codes | iii aie i | instructions. | | |
| Par | tV Compliance Questions | | | | | | | |
| 10 | During the plan year: | | | Yes | No | A | mount | |
| а | Was there a failure to transmit to the plan any participant contribution | on within the time peri | od descrîbed in | | x | | | |
| h | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia | | " <i>,</i> _ | Da | <u> </u> | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (on line 10a.) | • | |) b | x | | | |
| C | Was the plan covered by a fidelity bond? | | <u>.</u> | c x | | | 1 | .00,000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fid | | · · · · · · - | | - | | | |
| | or dishonesty? | • | · 1 | d | x | | | |
| е | Were any fees or commisions paid to any brokers, agents, or other | persons by an insura | nce carrier, | | | | | |
| | insurance services or other organization that provides some or all of | | · ' ' Arc | af | x | | | |
| f | instructions.) Has the plan failed to provide any benefit when due under the plan? | | | | x | | | |
| | · | | | | x | | | |
| g h | Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (Se | · · | <u> </u> |)g | <u> </u> | | | |
| •• | 2520.101-3.) | | | h | х | | | |
| i | If 10h was answered "Yes," check the box if you either provided the | | | | | 100 | | a viv |
| 1000000 | exceptions to providing the notice applied under 29 CFR 2520.101-3 | 3 | 10 |)i | <u> </u> | | | a de la companya de l |
| <u>ran</u> 11 | Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement | | | 0 -111 | - CD / | F | | |
| | 5500)) | | | | | | XYes | □No |
| 12 | Is this a defined contribution plan subject to the minimum funding red | | | | | | Yes | X No |
| | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable $\ensuremath{^{\circ}}$ | ole.) | | | | | | |
| а | If a waiver of the minimum funding standard for a prior year is being | | | | | | | |
| lf v | granting the waiver | | | | Day | /Y | ear | |
| b. | Enter the minimum required contribution for this plan year | - | = | Γ | 12b | <u> </u> | | |
| C | Enter the amount contributed by the employer to the plan for this plan | | | | 12c | | ••• | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the | | | · · | | | | |
| | negative amount) | | | ٠ . ل | 12d | <u> </u> | | |
| e | Will the minimum funding amount reported on line 12d be met by the | funding deadline? | <u> </u> | | | 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 | | | ٠ ٠ ج | • • | <u> </u> | Yes | X No |
| | If "Yes," enter the amount of any plan assets that reverted to the emp | | | | 13a | <u> </u> | | |
| b | Were all the plan assets distributed to participants or beneficiaries, tr | ansferred to another | plan, or brought under | the cont | roi | | | |
| c | of the PBGC? If during this plan year, any assets or liabilities were transferred from | this plan to another a | plan(s), identify the plan | (s) to | • • | | Yes | X No |
| | which assets or liabilities were transferred. (See instructions.) | | | | | | | |
| 1 | 3c(1) Name of plan(s): | | | 13 | ic(2) E | IN(s) | 13c(3) F | PN(s) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Cautio | n: A penalty for the late or incomplete filing of this return/report v | will be assessed un | less reasonable cause | is esta | hlishe | | 1 | |
| | penalties of perjury and other penalties set forth in the instructions, I de | • | | | | | Schedule | |
| SB or 8 | Schedule MB completed and signed by an enrolled actuary, as well as | the electronic version | n of this return/report, a | and to th | e best | of my knowle | dge and | |
| oelief, | t is true, conrect, and complete. | T | | | | | _ | |
| SIGN | | 4-12-11 | Dan Sweeney | | | | | <u></u> |
| HER | | Date | Enter name of individ | ual sign | ing as | plan administ | rator | |
| SIGN | | 4-12-4 | Dan Sweeney | | | | | |
| HER | Signature of employer/plan sponsor | Date | Enter name of individ | ual sign | ing as | employer or p | lan sponse | or |
| | | | | | | | | |

Page **2-**

Form 5500-SF 2010

Schedule SB, line 24 -Change in Actuarial Assumptions DAVIS-BACON PENSION MARKETING, INC. PENSION PLAN & TRUST 91-2106125 / 003

For the plan year 1/1/2010 through 12/31/2010

| The fol | The following changes in non-prescribed actuarial assumptions have been made for the current plan year: | | | | | |
|------------------|--|--|--|--|--|--|
| Prior ` | <u>Year</u> | | | | | |
| <u>Discou</u> | int Rate Election: | | | | | |
| The 3- employ | tiered segment rates based on the $\underline{4th}$ month prior to the month containing the valuation date shall be red. | | | | | |
| | The transition rule provided under ERISA section $303(h)(2)(G)$ and Code section $430(h)(2)(G)$ shall be used. | | | | | |
| \boxtimes | The transition rule provided under ERISA section 303(h)(2)(G) and Code section 430(h)(2)(G) shall not be used. | | | | | |
| | | | | | | |
| <u>Curre</u> | nt Year | | | | | |
| Discou | int Rate Election: | | | | | |
| The 3- employ | tiered segment rates based on the $\underline{0}$ month prior to the month containing the valuation date shall be ed. | | | | | |
| | The transition rule provided under ERISA section $303(h)(2)(G)$ and Code section $430(h)(2)(G)$ shall be used. | | | | | |
| \boxtimes | The transition rule provided under ERISA section 303(h)(2)(G) and Code section 430(h)(2)(G) shall not be used. | | | | | |

Schedule SB, line 26 Schedule of Active Participant Data DAVIS-BACON PENSION MARKETING, INC. PENSION PLAN & TRUST

91-2106125/003 For the plan year 1/1/2010 through 12/31/2010

Years of Credited Service

| Attained Age | Under 1 No. | 1 to 4 No. | 5 to 9 No. | 10 to 14 No. | 15 to 19 No. | 20 to 24 No. | 25 to 29 No. | 30 to 34 No. | 35 to 39 No. | 40 & up No. |
|-----------------|----------------|---------------|---------------|---|--|-----------------|-----------------|-----------------|-----------------|----------------|
| Under 25 | | | | | | | | | | |
| 25 to 29 | | | | | La Paragraphica | | | | | |
| 30 to 34 | | | | | ru essenius de la companya de la com | | | | | |
| 35 to 39 | | | | | | | | | | |
| 40 to 44 | | | | - | | | | | - | |
| 45 to 49 | | | | | | | | | | |
| 50 to 54 | | | | | | | | | | |
| 55 to 59 | | 1 | | | | | | | | |
| 60 to 64 | | 1 | | | | | | | | |
| 65 to 69 | | | | *************************************** | | | | | | |
| 70 & up | | | | | | | | | | |

| SCHEDULE SB | Single-Employer Defined Benefit Plan | an OMB No. 1210-0110 | 10 |
|--|--|--|------------|
| (Form 5500) | Actuarial Information | 2010 | |
| Department of the Treasury Internal Revenue Service | This schedule is required to be filed under section 104 of the Employee Paircement Income Security Act of 1974 (FERSA) and section 6050 of the | | |
| Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Retirement income Security Act of 1974 (ERCSA) and section of Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF. | This Form is Open to Public Inspection | ublic |
| For calendar plan year 2010 or fiscal plan year beginning | | 12/31/2010 | |
| Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be asses | filing of this report unless reasonable cause | | |
| A Name of plan DAVIS-BACON PENSION MARKETING, | ETING, INC. PENSION PLAN & TRUST | B Three-digit plan number (PN) ▶ 001 | |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ | of Form 5500 or 5500-EZ | D Employer Identification Number (EIN) | |
| DAVIS-BACON PENSION MARKETING, INC | ETING, INC. | 91-2106125 | |
| E Type of plan: X Single Multip | Multiple-A Multiple-B F Prior year plan size: X100 | X 100 or fewer 101-500 More than 500 | 200 |
| nter | Month 12 Day 31 Year 2010 | | |
| 2 Assets: | | | |
| a Market value | | 2a 22 22 22 22 22 23 23 23 23 23 23 23 23 | 229,908 |
| 3 Funding target/participant count breakdown | | (1) Number of participants (2) Funding Target | get |
| a For retired participants and beneficiaries receiving | s receiving payment 3a | | |
| | 3b | 0 | 0 |
| C For active participants: | 32(4) | | 4 453 |
| (2) Vested benefits | 3c(2) | 2.5 | 218,721 |
| (3) | 3c(3) | | |
| | 3d | 2 2: | 223,174 |
| 4 If the plan is at-risk, check the box and complete lines a and b a Funding target disregarding prescribed at-risk assumptions | omplete lines a and b | 43 | |
| b Funding target reflecting at-risk assur | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been | | |
| L L | at-risk for fewer than five consecutive years and disregarding loading factor | 4b | |
| 6 Target normal cost | | | 223.175 |
| 1 5 | | | 0.410 |
| To the best of my knowledge, the information supplied in this accordance with applicable law and regulations. In my opion, combination, offer/my bestjestimate of anticipated experience | schedule and accompanying schedules, statements and attachments, if any, is compiete and each other suumption is reasonable (taking into account the experience of the plan and reasonable the plan. | accurate. Each presribed assumption was applied in onable expectations) and such other assumptions, in | |
| SIGN KM HERE | M- | 7/26/11 | |
| ROBERT M. HANESS | Signature of actuary | Date 11-04945 | |
| Type or p | Type or print name of actuary | Most recent enrollment number | |
| HANESS & ASSOCIATES, LLC | Eirm nomb | (916) 435–9830 | |
| P.O. BOX 836 | | | |
| WT 14000 | | | |
| US FOCKLIN CA | 4 930// | | |
| Addresort of the Addres | Address of the infinite actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see | chedule, check the box and see | |
| Instructions For Paperwork Reduction Act Notice and OMB Co | instructions For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. | Schedule SB (Form 5500) 2010 | 5500) 2010 |
| | | | v.092308.1 |

| Part II Begins | ning of year carryover an | d prefunding balances | oracezación incartent asolitera artistición del tributo de la constanta de la | to explored and the conference of the first and the first and the second constitution and the second constitution as | *************************************** | CONTRACTOR CONTRACTOR | | (m) color (m) (M) (M) (M) | |
|--|---|---------------------------------------|---|--|--|---|--|---------------------------|--|
| 1 3 | | (a) | (a) Carryover balance (b) Pre | | | refunding balance | | | |
| 7 Balance at be | | | <u>-</u> | | | | | | |
| 7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year) | | | | | | | | 0 | |
| 8 Portion used to offset prior year's funding requirement (item 35 from prior year) | | | | | | | | 0 | |
| | | · | | 0 | 0 | | | | |
| 9 Amount remaining (item 7 minus item 8) | | | | | | 0 | | | |
| | | | | | | | | | |
| 11 Prior year's excess contributions to be added to prefunding balance: | | | | | | 4,765 | | | |
| a Excess contributions (item 38 from prior year) | | | | | | 4,765 | | | |
| | () | plan year to add to prefunding balar | | | 4,765 | | | | |
| | | nding balance | | and the second | 4,765 | | | | |
| | | deemed elections | | 0 | | | | 0 | |
| | | 9 + item 10 + item 11d - item 12). | | 0 | | | | ,765 | |
| Control of the Contro | ling percentages | 3 Henrio Henrio Henrio 127. | O-CONTRACTOR OF THE OPTION OF | <u> </u> | AND DESCRIPTIONS OF THE PARTY O | enconomica de la constanta de | NOOD OF THE PROPERTY OF THE PR | 1,700 | |
| Common of the Co | | | | *************************************** | | 14 | 100.88 | 3 % | |
| | | rago | | | | 15 | 127.42 | | |
| | | tage | | | | + 13 + | 121.42 | | |
| • | | es of determining whether carryove | · - | - | | 16 | 100.00 | ٠ ، ، | |
| | | | | | | 17 | 100.00 |) <u>%</u> % | |
| The second section of the second seco | ributions and liquidity sl | n is less than 70 percent of the fund | ang target, enter s | uch percentage | | | | 70 | |
| | | | | | | | | | |
| | | plan year by employer(s) and empl | | | | | | | |
| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | | (c) Amount paid by employees | | | |
| Constitution of the Consti | CONTRACTOR OF THE PROPERTY OF | | (1910-00-11(1) | Chiployof(o) | | orrp. | | - | |
| 10/14/2010 330,000 0 | | | | | | | | | |
| 02/15/2011 4,822 0 | | | | | | | | | |
| | | | - · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | ···· | | | |
| | | | | | | | | | |
| | | | T-4-1- 5 40(1-) | 330 | 644 18 | -1 | | | |
| 40 5: | | | Totals ▶ 18(b) | | 044 110 | <u>C)</u> | | | |
| | 1 | nstructions for small plan with a val | | <u> </u> | 40- | | | 0 | |
| | • | minimum required contribution from | • | | 19a | *************************************** | | | |
| | | | | | 19b 19c | <u> </u> | | | |
| | | | sted to valuation date | | 190 | | 336 | 5,834 | |
| • | ributions and liquidity shortfa | • / | | | | – | | | |
| , | n have a "funding shortfall" fo | | | , , , | | | X No | | |
| | | installments for the current year ma | · · · · · · · · · · · · · · · · · · · | nner? | | Yes | No | | |
| c If 20a is "Y | es," see instructions and con | nplete the following table as applica | | | | | | | |
| | (4) 4-1 | Liquidity shortfall as of e | T | | // | 4th | | | |
| | (1) 1st | (2) 2nd | (3) 3rd | | (4) | 4th | | | |
| | | | | | | | | | |
| | | | <u></u> | | | | | | |

| Part V Assumpt | tions used to determine fo | unding target and target nor | nal cost | | | | |
|---|-----------------------------------|--------------------------------------|--------------------------------|--|--|--|--|
| 21 Discount rate: | | T | | | | | |
| a Segment rates: | 1st segment | | | | N/A, full yield curve used | | |
| | 3.14 % | 5.90 % | 6.45 % | , | | | |
| b Applicable month | 21b | 0 | | | | | |
| 22 Weighted average | 22 | 66 | | | | | |
| 23 Mortality table(s) | | Substitute | | | | | |
| Part VI Miscella | neous items | | | | | | |
| 24 Has a change bee | en made in the non-prescribed | actuarial assumptions for the cu | rrent plan year? If "Yes," see | e inst | ructions regarding required | | |
| attachment | | | | | · · · · · X Yes No | | |
| 25 Has a method cha | ange been made for the curre | nt plan year? If "Yes," see instruc | tions regarding required atta | chme | ent . Yes x No | | |
| 26 Is the plan require | ed to provide a Schedule of Ad | ctive Participants? If "Yes," see in | structions regarding required | d atta | chment X Yes No | | |
| 27 If the plan is eligib | ole for (and is using) alternativ | e funding rules, enter applicable o | code and see instructions | | | | |
| regarding attachn | | | | 27 | | | |
| Part VII Reconc | | m required contributions for | | - | | | |
| 28 Unpaid minimum | required contribution for all pri | or years | | 28 | 0 | | |
| *************************************** | | ward unpaid minimum required co | | | | | |
| (item 19a) | | | | 29 | 0 | | |
| | | d contributions (item 28 minus iter | | 30 | 0 | | |
| Part VIII Minimur | m required contribution for | or current vear | | de se de la companya | ATTOCKET CONTROL OF THE STATE O | | |
| | | instructions) | | 31 | 221,486 | | |
| 32 Amortization insta | allments: | | Outstanding Balance | ! | Installment | | |
| a Net shortfall amor | 0 | 0 0 | | | | | |
| b Waiver amortizati | 0 | 0 | | | | | |
| | | | r granting the approval | <u> </u> | | | |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount | | | | | 33 | | |
| | | | | | | | |
| 34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) | | | | | 221,486 | | |
| (REIT OT - REIT OZ | za · nem ozb nem oop · · | Carryover balance | Prefunding Balance | 34 | Total balance | | |
| 35 Balances used to | offset funding requirement | 0 | | 0 | 0 | | |
| | 36 | 221,486 | | | | | |
| 36 Additional cash requirement (item 34 minus item 35) | | | | | | | |
| (item 19c) | | | | | 338,834 | | |
| 38 Interest-adjusted | 37 | 117,348 | | | | | |
| 39 Unpaid minimum | 39 | | | | | | |
| 40 Unpaid minimum | 40 | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | <u> </u> | | | | | |

Schedule SB, line 22 Description of Weighted Average Retirement Age DAVIS-BACON PENSION MARKETING, INC. PENSION PLAN & TRUST

91-2106125 / 003 For the plan year 1/1/2010 through 12/31/2010

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, Part V Summary of Plan Provisions

DAVIS-BACON PENSION MARKETING, INC. PENSION PLAN & TRUST 91-2106125 / 003

For the plan year 1/1/2010 through 12/31/2010

Employer:

DAVIS-BACON PENSION MARKETING, INC.

Type of Entity -C-Corporation

EIN: 91-2106125

TIN: 27-2131619

Plan #: 003

Dates:

Effective - 1/1/2009

Year end - 12/31/2010

Valuation - 12/31/2010

Eligibility:

Top Heavy Years - 2009, 2010

All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21

Months of service - 12

Hours Required for -

Eligibility - 1000

Benefit accrual - 1000

Vesting - 1000

First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement:

First of month coincident with or next following attainment of age 65 and completion of 5 years of participation

Early - Not provided

Average Compensation:

Highest 3 consecutive years of participation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits:

Retirement - Derived from the fixed benefit formula below:

76% of average monthly compensation reduced by 1/8 for each year of participation less than 8

Accrued Benefit - Pro-rata based on participation

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit -

Present Value of Accrued Benefit

Top Heavy Minimum:

2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations:

415 Limits -

Percent: 100

Dollar: \$195,000

Maximum 401(a)(17) compensation - \$245,000

Normal Form:

Life Annuity

Optional Forms:

Lump Sum

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule:

Years Percent 0-1 0% 2 20% 3 40% 4 60% 5 80% 100%

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

DAVIS-BACON PENSION MARKETING, INC. PENSION PLAN & TRUST 91-2106125 / 003

For the plan year 1/1/2010 through 12/31/2010

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence 417(e):

> Interest Rates -Segment # Segment 1 Segment 2

Rate % Years 0 - 5 3.21 6 - 20 5.19 Segment 3 > 20 5.67

Mortality Table - 10E - 2010 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest -

5.5% None

Mortality Table -

Post-Retirement - Interest -

5.5%

Mortality Table -

G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

DAVIS-BACON PENSION MARKETING, INC. PENSION PLAN & TRUST 91-2106125 / 003

For the plan year 1/1/2010 through 12/31/2010

Valuation Date:

12/31/2010

Funding Method:

As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

Retrospective Compensation - Highest 3 consecutive years of participation

Form of Payment - Assumed form of payment for funding is Life Annuity

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C) Segment # Year Rate % Segment 1 0 - 5 3.14 Segment 2 6 - 20 5.90 Segment 3 > 20 6.45

Pre-Retirement -

Mortality Table -None Turnover/Disability -None Salary Scale -3% Expense Load -None None

Ancillary Ben Load -

Post-Retirement -Mortality Table - 10C - 2010 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living -

Asset Valuation Method:

Fair market value of assets adjusted for contributions under IRC 430(g)(4)