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).

1210-0089

2010

OMB Nos. 1210-0110

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	rdance wit	n the instructions to the Form 550	0-SF.			
		lentification Information						
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	10	and ending 1	2/31/2	2010		
Α .	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	ant 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 mo	nths)			
C	Check box if filing under:	Form 5558	automatio	extension		DFVC progra	am	
		special extension (enter descripti	on)					
Pa	rt II Basic Plan Inform	nation—enter all requested inform	nation					
1a	Name of plan				1b	Three-digit		
JOH	N ROBINETT PENSION PLAN					plan number	001	
					10	(PN)	f	
					10	Effective date of 01/01/2		
		ess (employer, if for single-employer	r plan)		2b	Employer Ident		ımber
JOH	N ROBINETT				2c	(EIN) 20-210 Plan sponsor's		number
	COLBY AVE RETT, WA 98201					425-25	2-2500	
LVLI	KL11, WA 90201				2d	Business code		ctions)
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	2")	3b	Administrator's		
JÖHI	ROBINETT	1831 COLB' EVERETT, \	Y AVE	,		20-210	8382	
					3с	Administrator's	telephone 2-2500	number
4 1	the name and/or EIN of the pla	an sponsor has changed since the la	ast return/re	port filed for this plan, enter the	4b	EIN		
ı	name, EIN, and the plan numbe	r from the last return/report. Sponso	or's name			PN		
52	Total number of participants at	the beginning of the plan year				PN		1
	·	the end of the plan year			5a 5b			1
	· ·	ith account balances as of the end c			ac			
	·			` .	5c			
6a	Were all of the plan's assets d	luring the plan year invested in eligib	ole assets?	(See instructions.)			X Ye	s No
b				dent qualified public accountant (IQ			X Ye	s Π No
				ons.)SF and must instead use Form 55		•••••	П	3 🔲 140
Pa	rt III Financial Informa		0	or and made motoda add r orm do				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		7a	492420)	(0) =		772266
b	Total plan liabilities			()			0
		7b from line 7a)		492420)			772266
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b)	Total	
а	Contributions received or recei			125000				
			` '	123000	_			
	• •		` '		_			
	, , , ,)		454046	_			
b	, ,			154846	D			070040
С		8a(2), 8a(3), and 8b)	8c					279846
d	. ` `	rollovers and insurance premiums	8d		_			
е	Certain deemed and/or correct	tive distributions (see instructions)	8e					
f	Administrative service provider	rs (salaries, fees, commissions)	8f					
g	Other expenses		8g					
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)	8h					0
i	Net income (loss) (subtract line	e 8h from line 8c)	8i					279846
i	Transfers to (from) the plan (se	ee instructions)	8i					

Form 5500-SF 2010 Page 2-	Page 2-
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SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

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

b	If the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch	aracteris	tic Co	des in	the instru	uctions			
art	٧	Compliance Questions								
0	Dui	ring the plan year:		Yes	No		Amo	ount		
а		as there a failure to transmit to the plan any participant contributions within the time period described 0 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in 10a		X					
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	ed 10b		X					
С	Wa	as the plan covered by a fidelity bond?	10c		X					
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraudishonesty?	10d		X					
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.)										
f	Has	s 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					14502	
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h							
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI	Pension Funding Compliance								
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and o					X	Yes	No	
2	ls t	this a defined contribution plan subject to the minimum funding requirements of section 412 of the C	ode or se	ection	302 of	ERISA?		Yes	X No	
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
lf y	you (completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		•					
b	Ent	ter the minimum required contribution for this plan year			12b					
		ter the amount contributed by the employer to the plan for this plan year			12c					
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the gative amount)			12d				-	
е	Will	I the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No	N/A	
art	VII	Plan Terminations and Transfers of Assets								
3a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No	
	lf "Y	Yes," enter the amount of any plan assets that reverted to the employer this year			13a					
b	of t	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broughe PBGC?						Yes	X No	
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi ich assets or liabilities were transferred. (See instructions.)	fy the pla	n(s) to)		-			
1	3c(1	I) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)	
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reason	nable car	use is	estab	lished.	I			
Jnde SB o	r pei r Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this hedule MB completed and signed by an enrolled actuary, as well as the electronic version of this retist true, correct, and complete.	return/re	port, ir	ncludin	g, if appli				
	F	Filed with authorized/valid electronic signature. 10/04/2011 JOHN ROBIN	ETT							
SIG	V									

Date

Date

Enter name of individual signing as plan administrator

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

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

Part										nent to Form	5500 or	2200·			4.6.75					
Name of plan Description	$\overline{}$							ar beginning 0	1/01/2010				and en	ding	12/31/2	010				
A Name of plan JOHN ROBINETT PENSION PLAN C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JOHN ROBINETT D Employer Identification Number (EIN) 20-2108382 E Type of plan: P Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2010 2 Asserts: 2 A sertice 2 A Market value 2 A sertice 3 A Multiple-B Prior year plan size: 100 or fewer 101-500 More than 500 3 Funding target/participant count breakdown (1) Number of participants 2 D																				
DEMPOSINETT PENSION PLAN					ty of \$1,	000 will be	asse	ssed for late filing of	of this repo	rt unless reas	onable ca	ause i	s establisl	hed.						
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JOHN ROBINETT E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2010 2 Assets: a Market value. 2 Assets: a Market value. 5 Funding target-porticipant count breakdown a For retired participants and beneficiaries receiving payment. 3 Funding target-porticipant count breakdown a For retired participants and beneficiaries receiving payment. 3 Funding target-porticipants (1) Number of participants (1) Nan-vested benefits. (2) Vested benefits. (3) Total active. 3 Funding target reflecting at-risk assumptions 4 If the plan is at-risk, check the box and complete items (a) and (b). a Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding participants in seasonable disregarding prescribed at-risk assumptions. 5 Effective interest rate. 5 C For active principant interest rate. 6 Target normal costs. 5 C For active principant interest rate. 5 C For active principant interest rate. 5 C For active principant interest rate. 6 Target normal costs. 5 C For active principant interest rate. 5 C For active principant interest rate. 5 C For active principant interest rate. 6 C For active principant interest rate. 5 C For active principant interest rate. 6 C For active principant interest rate. 6 C For active principant interest rate. 6 Target normal costs. SIGN HERE Firm name Firm name Firm name Pala Address of the firm D D Employer Identification Number (John Number (John Number (Including area code))					NCION:	DI ANI						В	Three-d	igit				00	1	
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 1010 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2010 2 Assets: 2	301	IN ICO	DINL	.1176	NOION	FLAIN							plan nui	mber	(PN)	<u> </u>	•		·	
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2010 2 Assets: 2																				
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2010 2 Assets: 2	C	lan er	ooned	r'e nar	ma ac ch	nown on lin	0 22	of Form 5500 or 55	:00-SE			D	Employe	r Idor	ntification	Nlur	mhar (EINI)		
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2010 2 Assets: 24 492420 3 Assets: 25 24 492420 3 Funding target/participant count breakdown (1) Number of participants (2) Funding Target De Actuarial value 25 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					110 03 31	iowii on iiii	c za	01 1 01111 0000 01 00	00-01						itilication	III	ilibei (i	LII V)		
Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2010												20	-2100302							
Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2010	Fτ	vne of	f nlan	. X s	Single	Multiple-	.Δ	Multiple-B	F	Prior year ol	an size.	100) or fewer	П	101-500	П	More t	han 500		
1 Enter the valuation date: Month 01 Day 01 Year 2010 2 Assets:			Ė			<u> </u>	/`\	Watapie B	•	1 nor your pr	arroizo.		or iewer	Ш	101 000	Ш	TVIOTO L	11011000		
2 Assets: a Market value		rt I	В	asic I	nform	ation														
a Market value		Ente	er the	valuati	ion date	:	M	onth <u>01</u>	Day <u>01</u> _	Year _	2010									
b Actuarial value	2	Asse	ets:												_					
3 Funding target/participant count breakdown a For retired participants and beneficiaries receiving payment 3		а	Mark	et valu	ıe									<u> </u>						
a For retired participants and beneficiaries receiving payment 3a 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		b	Actu	arial va	alue										2b				49	92420
b For terminated vested participants. C For active participants: (1) Non-vested benefits. (2) Vested benefits. (3) Total active. 3c(2) 766651 d Total. 3c(3) 1 766651 d Total. 3c(1) 3c(2) 4 If the plan is at-risk, check the box and complete items (a) and (b). 3 Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding factor. 5 Effective interest rate. 5 6 6.55 % 6 Target normal cost. 5 Effective interest rate. 5 0.665 % 6 Target normal cost. 5 1.665 % 6 Target normal cost. 5 0.665 % 7 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accourate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking Into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Most recent enrollment number 919-357-2267 Telephone number (including area code) ELECTHER, NC 28732	3	Fund	ding t	arget/p	oarticipa	nt count bre	eakdo	own			(1) N	lumbe	er of partic	cipan			(2)	Funding 1	Γarget	
C For active participants: (1) Non-vested benefits		а	For	retired	participa	ants and be	nefic	iaries receiving pay	yment	3a					0					0
(1) Non-vested benefits		b	For	termina	ated ves	ted particip	ants			3b					0					0
(1) Not-Vested benefits		С	For	active p	participa	ants:														
3 Total active 3 Total active 3 Total active 3 Total active 3 Total 4 Total 3 Total 4			(1)	Non-v	ested be	enefits				3c(1)										0
d Total active 33d 1 786651 d Total			(2)	Veste	d benefi	ts				3c(2)									78	86651
4 If the plan is at-risk, check the box and complete items (a) and (b)			(3)	Total	active					3c(3)					1				78	86651
a Funding target disregarding prescribed at-risk assumptions. b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate		d	Tota	ıl						3d					1				78	86651
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4	If the	e plar	n is at-r	isk, che	ck the box	and o	complete items (a)	and (b)			П								
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		а	Fund	ding tar	aet disre	egarding pr	escri	bed at-risk assump	tions					Г	4a					
at-risk for fewer than five consecutive years and disregarding loading factor		_		Ū	ŭ	0 0.									46					
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. Signa HERE Signature of actuary Date BRUCE A MAROTTA Type or print name of actuary ALI ACTUARIAL & RETIREMENT PLAN SVC Signature of actuary Address of the firm Address of the firm															4D					
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. Signa HERE Signature of actuary Date 11-03565 Type or print name of actuary Most recent enrollment number ALI ACTUARIAL & RETIREMENT PLAN SVC 919-357-2267 Firm name Address of the firm	5	Effe	ctive	interes	t rate										5				6.6	55 %
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. Signa BRUCE A MAROTTA Signature of actuary Date 11-03565 Type or print name of actuary ALI ACTUARIAL & RETIREMENT PLAN SVC 919-357-2267 Firm name Telephone number (including area code) Address of the firm	6	Targ	get no	rmal c	ost										6					0
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Signature of actuary BRUCE A MAROTTA Type or print name of actuary ALI ACTUARIAL & RETIREMENT PLAN SVC Firm name Address of the firm O9/29/2011 Date 11-03565 Most recent enrollment number 919-357-2267 Telephone number (including area code)	á	ccorda	nce wit	h applica	ble law and	d regulations. I	n my c	pinion, each other assum												
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Signature of actuary BRUCE A MAROTTA Type or print name of actuary ALI ACTUARIAL & RETIREMENT PLAN SVC Firm name Address of the firm Date 11-03565 Most recent enrollment number 919-357-2267 Telephone number (including area code)																0	9/29/2	011		
Type or print name of actuary ALI ACTUARIAL & RETIREMENT PLAN SVC Firm name Address of the firm 11-03565 Most recent enrollment number 919-357-2267 Telephone number (including area code)						Si	nati	ire of actuary				_				Г	Date			
Type or print name of actuary ALI ACTUARIAL & RETIREMENT PLAN SVC Firm name Stally Lane FLETCHER, NC 28732 Address of the firm Most recent enrollment number 919-357-2267 Telephone number (including area code)	BRU	CE A	MAR	ОТТА		OI,	griate	no or doldary										65		
ALI ACTUARIAL & RETIREMENT PLAN SVC 919-357-2267 Firm name Telephone number (including area code) Address of the firm						Type o	r nrin	t name of actuary				_			Most rece				or	
Firm name 23 KALY LANE FLETCHER, NC 28732 Address of the firm Telephone number (including area code)	ALI A	CTU	ARIA	L & RE	TIREME			t name of actuary						11	viost rece				CI	
23 KALY LANE FLETCHER, NC 28732 Address of the firm								m name				_		Talan	hone nu				a code)	
Address of the firm							F11	III IIAIIIE						ı eleb	nioni c nul	IIIDEI	i (iiiCiu	uniy alea	. coue)	
	FLE1	CHE	R, NO	2873	2															
												_								
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see						<i>P</i>	\ddre	ss of the firm												
instructions				s not f	ully refle	ected any re	gula	tion or ruling promu	ulgated und	ler the statute	in comple	eting	this sched	dule,	check the	e box	x and s	see	$\overline{\Box}$	

Page	2-	1

Schedule SB (Form 5500) 2010

Pa	rt II	Begir	ning of year	carryov	er and prefunding ba	lances						
							(a) (Carryover balance		(b)	Prefundi	ng balance
7		_			cable adjustments (Item 13	-			0			0
8	Portion (used to	offset prior year's	funding red	quirement (Item 35 from pric	or year)			0			0
9	Amount	remaini	ng (Item 7 minus i	tem 8)					0			0
10	Interest	on item	9 using prior year'	s actual re	eturn of%							
11	Prior yea	ar's exce	ess contributions to	o be adde	d to prefunding balance:							
	a Exce	ess conti	ributions (Item 38	from prior	year)							0
	b Inter	est on (a	a) using prior year	's effective	e rate of6.40 %							0
	C Total	availabl	e at beginning of co	urrent plan	year to add to prefunding bala	ance						0
	d Porti	on of (c)) to be added to pr	efunding b	palance							0
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 - item	12)			0			0
P	art III	Fun	ding percenta	iges								
14	Funding										14	62.59 %
15 Adjusted funding target attainment percentage									15	62.59 %		
Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement									16	107.61 %		
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage											
Pa	art IV	Con	tributions and	d liauidi	tv shortfalls					ı	ı	
				•	rear by employer(s) and emp	oloyees:						
	(a) Date)	(b) Amount pa	aid by	(c) Amount paid by	(a) D		(b) Amount pai		(c) Amou	nt paid by
,	IM-DD-Y	(YY)	employer(employees	(MM-DD	-YYYY)	employer(s)		empl	oyees
09	/15/2011			125000								
						-	400		125000	40()	1	0
40						Totals ▶	18(b)			18(c)		0
19			•		tructions for small plan with				•			
				•	nimum required contribution	. ,			19a			0
	b Contributions made to avoid restrictions adjusted to valuation date											
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date											
20		-	outions and liquidit	•								1 [▽
	_		<u>-</u>		the prior year?						<u></u>	Yes No
				-	stallments for the current yea		timely man	ner?				Yes No
	C If 20a	is "Yes,	" see instructions	and compl	lete the following table as ap							
		(1) 19	st		Liquidity shortfall as of eaction (2) 2nd	nd of Quarte	er of this pla (3)	n year 3rd			(4) 4th	<u> </u>
		(1) 1			\ - / - / - / ···		(0)				,., ∓u	•

Pa	rt V Assumptio	ons used to determine f	unding target and tar	get n	ormal cost						
21	Discount rate:										
	a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %		3rd segment: 6.76 %		N/A, full yield curve used				
	b Applicable month	(enter code)				21b	0				
22	Weighted average ret	tirement age				22	65				
23	Mortality table(s) (see	e instructions)	escribed - combined	Preso	cribed - separate	Substitut	e				
Pa	rt VI Miscellane	ous items									
24	J	nade in the non-prescribed act	•	•			~ · — —				
25											
26											
27											
	7 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment										
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribut	ions f	or prior years						
28	Unpaid minimum requ	uired contribution for all prior y	ears			28	0				
29	' '	contributions allocated toward			' '	29	0				
30	,	f unpaid minimum required cor				30	0				
Pa	rt VIII Minimum	required contribution	for current vear								
31		adjusted, if applicable (see insti				31	0				
32	Amortization installme	ents:	,		Outstanding Bala	ince	Installment				
	a Net shortfall amorti	tization installment				276231	46166				
	b Waiver amortizatio	on installment				0	0				
33		approved for this plan year, en Day Year				33					
34	3 - 1	ment before reflecting carryove				34	46166				
			Carryover balance		Prefunding bala	nce	Total balance				
35	Balances used to offs	set funding requirement		0		0	0				
36	Additional cash requir	36	46166								
37		ed toward minimum required co	•	•		37	112011				
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38	65845				
39	9 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)										
40											

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

N File as an attachment to Form 6600 or 6600 SE

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

	▶ File as an attachm	ent to Form	5500 or 5500-SF.			
For	calendar plan year 2010 or fiscal plan year beginning 01/	01/2010	and endir	g	12/3	1/2010
•	Round off amounts to nearest dollar.					
<u> </u>	Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reas	onable cause is establishe	d.		
A١	lame of plan		B Three-digi	t		
			plan numb	er (PN)	•	001
.TC	HN ROBINETT PENSION PLAN					
	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer lo	lentificatio	n Number (E	INI)
•	ian sponsor s name as snown on line 2a or r omi 3300 or 3300-or		Linployer k	Terrimoatio	iii ivailibei (L	
JC	HN ROBINETT		20-21083	382		
Εī	ype of plan: X Single Multiple-A Multiple-B	Prior year pla	an size: X 100 or fewer	101-500) More th	an 500
		, 1101 year p.	an older [1] red or lower [1 .0. 000		uii 000
<u> </u>	Enter the valuation date: Month 1 Day 1	.,	2010			
1 2	Enter the valuation date.	Year_	2010			
_	Assets:			-		400 400
	A Market value			2a		492,420
	b Actuarial value			2b		492,420
3	Funding target/participant count breakdown		(1) Number of particip	ants	(2) F	unding Target
	For retired participants and beneficiaries receiving payment			0		0
	b For terminated vested participants	3b		0		0
	c For active participants:					
	(1) Non-vested benefits			_		0
	(2) Vested benefits	— · ·				786,651
	(3) Total active			1		786,651
	d Total			1		786,651
4	If the plan is at-risk, check the box and complete items (a) and (b)					
	a Funding target disregarding prescribed at-risk assumptions			4a		
	b Funding target reflecting at-risk assumptions, but disregarding tran			4b		
	at-risk for fewer than five consecutive years and disregarding load					C CE W
5	Effective interest rate			5		6.65 %
6	Target normal cost			6		0
	ement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedi	ulas statamants	and attachments if any is complete	and accurat	o Each procesib	ad accumption was applied in
	coordance with applicable law and regulations. In my opinion, each other assumption is reasona combination, offer my best estimate of anticipated experience under the plan.					
	IGN Buchtan					
Н					09/29/20	11
	Signature of actuary				Date	
BRU	JCE A MAROTTA				11-0356	5
	Type or print name of actuary				ent enrollme	
AL]	ACTUARIAL & RETIREMENT PLAN SVC			(9	19)357-	2267
23	KALY LANE		Tel	ephone n	umber (includ	ling area code)
FLE	TCHER NC 28	732				
	Address of the firm					
I£ 41	actually has not fully reflected any regulation as wife a second at a de-	r the etctt-	in completing this sales state	a aback ti	no hou and -	
	actuary has not fully reflected any regulation or ruling promulgated unde actions	i ine statute	in completing this schedul	e, check ti	ie box and s	

Page 2-	
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Schedule SB (Form 5500) 2010

Pa	art II	Begir	ning of year	carryove	er and prefunding bal	ances						
							(a) (Carryover balance		(b)	Prefund	ing balance
7		_			icable adjustments (Item 13				0			0
8	Portion	used to	offset prior year's	funding re	quirement (Item 35 from prio	r year)			0			0
9	Amount	remaini	ng (Item 7 minus	item 8)					0			0
10	Interest	on item	9 using prior year	's actual re	eturn of%							
11	Prior yea	ar's exce	ess contributions t	o be added	d to prefunding balance:							
	a Exce	ess cont	ributions (Item 38	from prior	year)							0
	b Inter	est on (a	a) using prior year	's effective	rate of6 . 4 0 %							0
	c Tota	l availab	le at beginning of c	urrent plan	year to add to prefunding bala	nce						0
	d Porti	ion of (c) to be added to p	refunding b	palance							0
12	Reduction	on in ba	lances due to elec	tions or de	emed elections				0			0
13	Balance	at begi	nning of current ye	ear (item 9	+ item 10 + item 11d - item	12)			0			0
P	art III	Fun	ding percenta	ages					·			
14	Funding	target a	attainment percent	age							14	62 . 59 %
15										15	62.59 %	
16					of determining whether car				to reduce		16	107.61 %
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage											
	Part IV Contributions and liquidity shortfalls											
		•			rear by employer(s) and emp	lovees.						
	(a) Date		(b) Amount p		(c) Amount paid by	(a) [Date	(b) Amount pa	aid by	(6	c) Amoi	unt paid by
<u> </u>	IM-DD-Y		employer		employees	(MM-DE	D-YYYY)	employer((s)		emp	loyees
0 9	9/15/2	011	1	25 , 000								
											1	
						Totals ▶	, ,		25 , 000	18(c)		0
19	Discoun	ted emp	loyer contribution	s - see ins	tructions for small plan with	a valuation	date after the	he beginning of the				
				•	imum required contribution f				19a			0
	b Contributions made to avoid restrictions adjusted to valuation date											
	C Contri	ibutions	allocated toward m	inimum req	uired contribution for current y	ear adjusted	d to valuation	n date	19c			112,011
20		,	outions and liquidi	,							+	, ,,
	a Did th	ne plan h	nave a "funding sh	ortfall" for	the prior year?							Yes X No
	b If 20a	is "Yes	" were required q	uarterly ins	stallments for the current yea	r made in a	timely man	ner?	·····		<u> </u>	Yes No
	C If 20a	is "Yes,	" see instructions	and comp	lete the following table as ap							
		/4\ 4	-1		Liquidity shortfall as of er	nd of Quarte					(4) 4:	L
		(1) 1:	St		(2) 2nd		(3)	3rd			(4) 4t	n

Pa	rt V Assumptio	ns used to determine t	unding target and target	normal cost					
21	Discount rate:								
	a Segment rates:	1st segment: 4 . 60 %	2nd segment: 6.65 %	3rd segmen	nt: %	N/A, full yield curve used			
	b Applicable month	(enter code)			21b	0			
22	Weighted average ref	tirement age			22	65			
23	Mortality table(s) (see	e instructions) X Pre	escribed - combined Pr	escribed - separate	Substitut	е			
Pai	rt VI Miscellane	ous items							
24	•	·	uarial assumptions for the currer						
25	Has a method change	e been made for the current pl	an year? If "Yes," see instruction	s regarding required atta	achment	Yes X No			
26	6 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment								
27	, ,	, ,,,	nding rules, enter applicable code		27				
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribution	s for prior years					
28	<u> </u>		ears		28	(
29	, ,		unpaid minimum required contri	, ,	29	(
30	Remaining amount of	f unpaid minimum required cor	ntributions (item 28 minus item 29)	30	(
Pai	rt VIII Minimum	required contribution	for current year						
31		•	ructions)		31	(
32	Amortization installme	ents:		Outstanding Ba	alance	Installment			
	a Net shortfall amort	tization installment			276,231	46,166			
	b Waiver amortization	on installment			0	(
33			ter the date of the ruling letter grammer.) and the waived amount		33				
34			er/prefunding balances (item 31 -		34	46,166			
			Carryover balance	Prefunding ba	lance	Total balance			
35	Balances used to offs	set funding requirement		0	0	(
36	Additional cash requir	rement (item 34 minus item 35)		36	46,166			
37			ontribution for current year adjust		37	112,011			
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)		38	65,845			
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 36 over	er item 37)	39	(
40	Unpaid minimum requ	uired contribution for all years			40	(

JOHN ROBINETT PENSION PLAN

Actuarial Valuation Calculations as of January 1, 2010

1. PPA Minimum Required Contribution:

Present Value of Accrued Benefits		800,678	Effective Interest Rate (EIR)	6.65%
Funding Target Percentage (FTP)		<u>96%</u>	Target Normal Cost (TNC)	-
Funding Target (FT)		768,651	Target Normal Cost Reduction	-
Assets		492,420	Net Target Normal Cost	-
Carryover Balance (COB)		-	Shortfall Amortization Charge (SAC)	46,166
Prefunding Balance (PFB)		-	 Total	46,166
Funding Shortfall (FS)		276,231		
Shortfall Amortization Base (SAB)		276,231	Min. Req. Contrib. (MRC) BOY	46,166
7-Year Annuity at Segment Rates		5.98348	Interest to Last Possible Due Date	5,367
Shortfall Amortization Install. (SAI)		46,166	Min. Req. Contrib. (MRC)	51,533
Previous Shortf	fall Amortization Bas	es:	Carryover Balance (COB):	
Year	Installment	Balance - BOY	Balance at BOY	-
2009	-	-	Amount "Burned" For AFTAP	-
2008	-	-	Interest at EIR	-
2007	_	_	Balance at EOY	_
2006	-	-		
2005	_	_	Prefunding Balance (PFB):	
2004	-	-	Balance at BOY	-
Total	-	-	Amount "Burned" For AFTAP	-
			Interest at EIR	
AFTAP		64.06%	Balance at EOY	-
2. PPA Maxim	um Deductible Cont	ribution:		
a. Funding Target Plus 4%				799,397
b. Funding Target Cushion Factor				<u>150%</u>
c. Funding Target With Cushion (a * b)				1,199,096
d. Projected Unit Credit Act'l Liability				800,678
e. Amount in Excess of Funding Target (d - a, not less than zero)				1,281
f. Total Allowance With Cushion (c + e)				1,200,377
g. Target Normal Cost Plus 4%				(400,400)
h. Less Plan Assets				(492,420)

707,957