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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accord	aance witi	n the instructions to the Form 55	00-5F.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/2	011		
Α .	This return/report is for: X a single-employer plan	urn/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-					
В	This return/report is:	the final re	eturn/report				
	an amended return/report	a short pla	in year return/report (less than 12 r	nonths)			
C	Check box if filing under: Form 5558	automatic	extension		DFVC program		
	special extension (enter descriptio	n)					
Pa	Irt II Basic Plan Information—enter all requested information	ation					
1a	Name of plan				Three-digit		
RICH	ARDS, MERRILL & PETERSON, INC. SAVINGS PLAN				plan number		
				_	(PN) 002		
				16	Effective date of plan 01/01/1986		
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identification Number		
RICH	IARDS, MERRILL & PETERSON, INC.				(EIN) 91-0384940		
				2c	Sponsor's telephone number		
	V RIVERSIDE AVE, ONE SKYWALK				509-624-3174		
SPOI	KANE, WA 99201			20	Business code (see instructions) 523120		
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	,")	3h	Administrator's EIN		
	ARDS, MERRILL & PETERSON, INC. 422 W RIVER	SIDE AVE	, ONE SKYWALK		91-0384940		
	SPOKANE, W	/A 99201		3c	Administrator's telephone number 509-624-3174		
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b			
	name, EIN, and the plan number from the last return/report.						
	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a	17		
b	Total number of participants at the end of the plan year			. 5b	15		
С	Number of participants with account balances as of the end of the p complete this item)		•	. 5c	14		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No		
b	Are you claiming a waiver of the annual examination and report of a				X Yes ☐ No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		X Yes [] No		
Pa	rt III Financial Information	JIIII 3300-	or and must mistead use Form 5	300.			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
a	Total plan assets	7a	4032727		3596361		
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	4032727		3596361		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from:		50200		• •		
	(1) Employers	8a(1)	50398	_			
	(2) Participants	8a(2)	138770	_			
_	(3) Others (including rollovers)	8a(3)		_			
b	Other income (loss)	8b	31437		200005		
C.	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			220605		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	656756				
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	215				
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			656971		
i	Net income (loss) (subtract line 8h from line 8c)	8i			-436366		
j	Transfers to (from) the plan (see instructions)	8j					

Form	EEOO	CE	2011

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Part IV	Plan Characteristics
raii iv	L FIAN GNAIAGRENSIUS

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K 2R 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:		Yes	No		Amou	nt
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			
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
Was the plan covered by a fidelity bond?	10c	Χ				5000
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
Has the plan failed to provide any benefit when due under the plan?	10f		X			
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
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					
t VI Pension Funding Compliance						
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor						
5500))					<u>. []`</u>	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver.	e or se	ction 3	302 of E	RISA?.	the lette	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Mo you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	e or secucions,	and e	302 of E	RISA?.	the lette	Yes X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Most you 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.	e or secuctions,	and e	302 of E	RISA?.	the lette	Yes X 1
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Mo you 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. Enter the amount contributed by the employer to the plan for this plan year.	e or se	and e	nter the Day _	RISA?.	the lette	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or secuctions, nth	and e	nter the Day	RISA?.	the lette	Yes X 1
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Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Mo you 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. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	e or secucions, nth	and e	12b 12c 12d	RISA?.	f the lette Year _	Yes X 1
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Mo you 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. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	e or secucions, nth	and e	12b 12c 12d	RISA?.	f the lette Year _	Yes X
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Mo you 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. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	e or secucions, nth	and e	nter the Day	RISA?.	f the letter Year _	Yes X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Mo you 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. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	e or secucions, ntht of a1 under	and e	12b 12c 12d Ye	RISA?.	f the letter Year _	Yes X I
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver. Moyou 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. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	e or secucions, ntht of a1 under	and e	12b 12c 12d Ye	RISA?.	the letter Year _	Yes X er ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 instrugranting the waiver	e or secucions, ntht of a1 under	and e	nter the Day	RISA?.	the letter Year _	Yes X er ruling N Yes X

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	02/29/2012	TOM MCDONALD
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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 sections 6057(b) and 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

2011

This Form is Open to Public Inspection

Pa		5.2 (6.5 (5	0.1.1		10/21/0011		
For		01/01/2	2011 and ending		12/31/2011 a one-participant plan		
Ат	his return/report is for: $oxed{f X}$ a single-employer plan $oxed{f \Box}$	rn/report is for: X a single-employer plan a multiple-employer plan (not multiemployer)					
Вт	his return/report is: the first return/report	the final re	eturn/report				
	an amended return/report	a short pla	n year return/report (less than 12 mo	onths)			
C C	Check box if filling under: Form 5558	automatic	extension		DFVC program		
	special extension (enter description	n)					
Pa					W. 1885		
	Name of plan	ation		1b	Three-digit		
	HARDS, MERRILL & PETERSON, INC. SAVINGS	PLAN			plan number		
	·				(PN) • 002		
					Effective date of plan 01/01/1986		
	Plan sponsor's name and address; include room or suite number (e HARDS, MERRILL & PETERSON, INC.	mpioyer, if	for a single-employer plan)	ZD	Employer Identification Number (EIN) 91-0384940		
	W RIVERSIDE AVE, ONE SKYWALK			2c	Sponsor's telephone number		
					509-624-3174		
SPC	DKANE WA 99201			2d Business code (see instructions)			
Dr (7111 772 9				523120		
3a	Plan administrator's name and address (if same as plan sponsor, e	nter "Same	")	3b	Administrator's EIN		
RIC 42:	HARDS, MERRILL & PETERSON, INC. 2 W RIVERSIDE AVE, ONE SKYWALK			2-	91-0384940		
	OKANE WA 99201			3C	Administrator's telephone number 509-624-3174		
	If the name and/or EIN of the plan sponsor has changed since the I	eport filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report.		, ,				
	Sponsor's name			4c			
5a	Total number of participants at the beginning of the plan year			5a	17		
	Total number of participants at the end of the plan year		1	5b	15		
	Number of participants with account balances as of the end of the	olan year (d	lefined benefit plans do not				
С	Number of participants with account balances as of the end of the properties this item)	olan year (c	defined benefit plans do not	5с	14		
с 	Number of participants with account balances as of the end of the complete this item)	olan year (c	defined benefit plans do not(See instructions.)	5с	14		
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с 	Number of participants with account balances as of the end of the complete this item)	olan year (cle assets? an indepenand conditi	defined benefit plans do not (See instructions.) dent qualified public accountant (IQF ons.)	5c ⊃A)	14		
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6a b	Number of participants with account balances as of the end of the complete this item)	olan year (commonstructure) le assets? an indepen and conditi	(See instructions.) dent qualified public accountant (IQF ons.)	5c PA)	14 X Yes No X Yes No		
6a b	Number of participants with account balances as of the end of the complete this item)	olan year (constitution) le assets? an indepen and conditi orm 5500-	(See instructions.)	5c PA) 00.	X Yes No X Yes No No No No No No No N		
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6a b Pal 7 a b	Number of participants with account balances as of the end of the complete this item)	olan year (constitution) le assets? an indepen and conditi orm 5500 7a 7b	(See instructions.)	5c PA) 00.	X Yes No X Yes No No No No No No No N		
6a b Pai 7 a b c 8	Number of participants with account balances as of the end of the complete this item)	olan year (construction) le assets? an indepen and conditi orm 5500-1	(See instructions.)	5c DO.	14		
6a b Pai 7 a b c 8	Number of participants with account balances as of the end of the complete this item)	olan year (considerate of the second of the	(a) Beginning of Year 403272 (a) Amount	5c PA) 00.	14		
6a b Pai 7 a b c 8	Number of participants with account balances as of the end of the participants with account balances as of the end of the participants item)	olan year (common year) le assets? an indepen and condition 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.)	5c PA) 00.	14		
Pal Pal Pal Pal Pal Pal Pal Pal Pal Pal	Number of participants with account balances as of the end of the complete this item)	le assets? an indepen and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.)	5c	14		
Pal Pal 7 a b c 8 a	Number of participants with account balances as of the end of the complete this item)	le assets? an indepen and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8b	(a) Beginning of Year 403272 (a) Amount	5c	X Yes No No X Yes No No No No No No No N		
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Pal 7 a b c 8 a	Number of participants with account balances as of the end of the complete this item)	le assets? an indepen orm 5500 7a 7b 7c 8a(1) 8a(2) 8b 8c	(See instructions.)	5c PA) 000.	X Yes No No X Yes No No No No No No No N		
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		The state of the s		* ***					
Par		Plan Characteristics							
	a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2R 3D								
b	If the	plan provides welfare benefits, enter the applicable welfare featur	e codes from the Li	st of Plan Characte	ristic Co	des in t	he instruction	s:	
Part	V	Compliance Questions							
10	Dur	ing the plan year:			Yes	No	A	nount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			0a	X			
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)			0b	Х			
С	Wa	s the plan covered by a fidelity bond?		1	Oc X			5	00000
d	Did or d	the plan have a loss, whether or not reimbursed by the plan's fidelishonesty?	ity bond, that was c	aused by fraud	0d	Х			
е	Wei insu	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the ructions.)	ersons by an insura be benefits under the	nce carrier, plan? (See	0e	х			
f	Has	the plan failed to provide any benefit when due under the plan?			0f	Х			
q	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)	1	Da	Х			
h	If th	is is an individual account plan, was there a blackout period? (See 0.101-3.)	instructions and 29	CFR	0h	Х			
i	If 10	Oh was answered "Yes," check the box if you either provided the re eptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or one	e of the	0i				
Part		Pension Funding Compliance		•		•			
11	ls th	is a defined benefit plan subject to minimum funding requirements 0))	? (If "Yes," see insti	ructions and compl	ete Sche	dule SE	3 (Form	Yes	No
b c d e Part 13a b	(If "Y If a gran you c Ente Ente Sub neg Will VII Has If "Y Wer of tI If di whi	his a defined contribution plan subject to the minimum funding requives," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being arting the waiver. completed line 12a, complete lines 3, 9, and 10 of Schedule ME er the minimum required contribution for this plan year. er the amount contributed by the employer to the plan for this plan stract the amount in line 12c from the amount in line 12b. Enter the ative amount) the minimum funding amount reported on line 12d be met by the finance of the amount of any plan assets that reverted to the employer all the plan assets distributed to participants or beneficiaries, traine PBGC? uring this plan year, any assets or liabilities were transferred from the chassets or liabilities were transferred. (See instructions.) Name of plan(s):	mortized in this plan Grown 5500), and year result (enter a minuunding deadline? oyer this year	year, see instruction	a 13a der the c	enter the Day	Yes X No	No [N/A
	13c(1) Name of plan(s):			1	3c(2) ⊨	IN(s)	130(3)	PN(s)

		A penalty for the late or incomplete filing of this return/report							
SB c	r Sch	nalties of perjury and other penalties set forth in the instructions, I on the indule MB completed and signed by an enrolled actuary, as well associately the complete.	declare that I have e s the electronic vers	examined this return sion of this return/re	n/report, port, and	includir I to the	ng, if applicab best of my kr	le, a Scho nowledge	edule and
	Ť		2/22/12	TOM MCDONALI)				
SIG		lm MaDonal2	100110					intunt	
HER	(E	Signature of plan administrator	Date	Enter name of ind	vidual s	gning a	is pian admin	istrator	
SIG HEF	- 1	Signature of employer/plan sponsor	Date	Enter name of ind	ividual s	igning a	s employer o	r plan sp	onsor

Date

Enter name of individual signing as employer or plan sponsor

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Form 5500-SF 2011

Signature of employer/plan sponsor