#### 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

2009

This Form is Open to Public Inspection

			Identification Ir					
For	calendar pla	in year 2009 or fis	scal plan year beginr	ning 08/01/20	09	and ending	7/31/2	2010
Α	This return/re	eport is for:	x single-employe	r plan	multiple-e	employer plan (not multiemployer)		one-participant plan
	This return/re	•	first return/repo	rt [	final retur	n/report		_
			an amended re	turn/report	short plar	year return/report (less than 12 mo	nths)	
_	Ob a al. b a :6	f:1:	Form 5558	Г	╡	extension		DFVC program
C	Check box if	filing under:	H	L		, extension		U Drve program
			<u> </u>	on (enter descript				
			rmation—enter al	I requested inform	mation			
	Name of pla						1b	Three-digit
GRA	PHIC SERV	ICES, INC. 401(K	.) PLAN					plan number (PN) ▶ 001
							10	Effective date of plan
							10	08/01/1996
2a	Plan sponso	or's name and add	dress (employer, if fo	or single-employe	er plan)		2b	Employer Identification Number
	PHIC SERV		( 1 ) /	0 , ,	' /			(EIN) 91-0786013
							2c	Plan sponsor's telephone number
	TACOMA AV OMA, WA 98						0.1	253-627-8495
TAC	OIVIA, VVA 90	0402					2a	Business code (see instructions) 323100
3a	Plan admini	strator's name an	d address (if same a	as Plan sponsor	enter "Same		3b	Administrator's EIN
	PHIC SERV		ia addioco (ii camo (	402 TACON	<b>MA AVE S</b>	,		91-0786013
				TACOMA, \	NA 98402		3c	Administrator's telephone number
								253-627-8495
			olan sponsor has cha oer from the last retu			port filed for this plan, enter the	4b	EIN
	name, Em, a	and the plan num	ber from the last rett	ini/report. Spons	ou s name		4c	PN
5a	Total numb	er of participants	at the beginning of t	he plan vear			5a	4
b							5b	4
C						vear (defined benefit plans do not	30	4
							5c	4
6a	Were all of	the plan's assets	during the plan yea	ır invested in eligi	ble assets?	(See instructions.)		X Yes No
b						ndent qualified public accountant (IQ		
			•			ions.)		X Yes   No
Do		wered "No" to ei nancial Inforr		lan cannot use	Form 5500-	SF and must instead use Form 55	00.	
			паноп			I		
7		s and Liabilities				(a) Beginning of Year		(b) End of Year
а	•					34255		380448
b	•				7b		)	
<u>C</u>	Net plan as	sets (subtract line	e 7b from line 7a)		7с	34255	4	380448
8	•	•	sfers for this Plan Y	ear		(a) Amount		(b) Total
а		ns received or rec			90(4)	405	Q	
	` ' ' '				` '		-	
	., .				` '	830	9	
	• •	` •	rs)					
b		,				2552	7	
C			), 8a(2), 8a(3), and 8		8c			37894
d		` .	t rollovers and insur		8d			
е	•	,	ective distributions (s					
f			lers (salaries, fees, o	ŕ				
g		·		,				
9 h	•		I, 8e, 8f, and 8g)					0
ï	•	•	ne 8h from line 8c)					37894
:		` , `	see instructions)					27001

Form 5500-SF 2009	Page <b>2-</b> 1
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Part IV	Plan	Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 2A 2F 2K

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

		'''							
art	٧	Compliance Questions							
0	Duri	ng the plan year:		Yes	No		Am	ount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c	X					50000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
1		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?		Yes	X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	gran	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.	th						
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b				
		r the minimum required contribution for this plan year							
		r the amount contributed by the employer to the plan for this plan year		-	12c	1			
a		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)			12d				
е	Will t	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 "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co		ı		Yes	X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	he pla	n(s) to	1				
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)		13c(3)	PN(s)
aut	ion: 4	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ıse is	estah	lished			
		alties of perjury and other penalties set forth in the instructions. I declare that I have examined this return to the instructions of the set					licable	a Sche	edule
Во	r Śche	edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return true, correct, and complete.				0, 11	,		

SIGN	Filed with authorized/valid electronic signature.	03/01/2012	WARREN FOSTER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	03/01/2012	WARREN FOSTER
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

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).

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection ► Complete all entries in accordance with the instructions to the Form 5500-SF.

E	art I Annual Report lo	dentification Information								
For	the calendar plan year 2010 or	fiscal plan year beginning	08/0	1/2010	and ending	07	/31/2011			
Α	This return/report is for:	single-employer plan	multiple-e	mployer plan (n	ot multiemployer)		one-participant plan			
В	This return/report is for:	first return/report	x final retur		. , ,	L	1 one participant plan			
	·	an amended return/report	===	•	ort (less than 12 mont	ho)				
C	Check box if filing under:	Form 5558	₹ .		ort (1955 than 12 mon	/15 <i>)</i>	1			
•	Check box it tilling under.	╡ . '		extension		L	DFVC program			
-		special extension (enter description	· · · · · · · · · · · · · · · · · · ·							
$\overline{}$	art II Basic Plan Infor	mation enter all requested int	formation.			1 41				
ıa	Name of plan						hree-digit lan number			
	GRAPHIC SERVICES, INC	. 401(K) PLAN					PN) ► 001			
						!	ffective date of plan			
2a	Plan sponsor's name and addre		<del> </del>	8/01/1996						
	GRAPHIC SERVICES, INC		piari)				Employer Identification Number			
						<del></del>	lan sponsor's telephone number			
	402 TACOMA AVE S					(	253) 627-8495			
US	TACOMA	WA 98402					dusiness code (see instructions)			
3a		address (If same as plan employer,	enter "Same	*)			dministrator's EIN			
	Same									
						3c A	dministrator's telephone number			
						The state of the spinotic flambol				
4	If the name and/or EIN of the pla	an sponsor has changed since the l	ast return/rer	oort filed for this	plan, enter the	4b E	IN			
	name, EIN and the plan number	r from the last return/report. Sponso	r's Name		pian, onto the	4c P				
5a	Total number of participants at t	he beginning of the plan year								
b		he end of the plan year				<u>5a</u> 5b	4 0			
C	Total number of participants with	n account balances as of the end of	the plan yea	r (defined bene	fit plans do not	<u> </u>				
6-	complete this item)			<u> </u>	<u> </u>	5c	0			
6a b		ring the plan year invested in eligible					· · · · XYes No			
	under 29 CFR 2520.104-46? (Se	annual examination and report of a	n inaepenae nd condition:		lic accountant (IQPA)		· · · · X Yes \ \ \ No			
		6a or 6b, the plan cannot use Fo			ad use Form 5500.		<u>IL</u> 163NO			
Pa	irt III Financial Informa	ation								
7	Plan Assets and Liabilities			(a) Be	ginning of Year		(b) End of Year			
а	Total plan assets		. 7a		380,448		0			
b	Total plan liabilities		. 7b							
С	Net plan assets (subtract line 7b	from line 7a)	. 7c		380,448		0			
3	Income, Expenses, and Transfer	rs for this Plan Year		(4	a) Amount		(b) Total			
а	Contributions received or received	able from:				3,500				
	• •	• • • • • • • • • • • • • • • • • • • •	· 8a(1)		3,409	- 4				
		• • • • • • • • • • • •	· 8a(2)		3,348					
b	Other territory (territory)	• • • • • • • • • • • • • • • • • • • •								
	· , ·	(O) O=(O) === d(E)		The state of the s	33,668					
d	Benefits paid (including direct rol	(2), 8a(3), and 8b)	· 8c			U. Carrier	40,425			
			8d		420,873					
е		e distributions (see instructions) .	. 8e		,					
f		(salaries, fees, commissions)								
g	Other expenses	•	· 8g							
h	Total expenses (add lines 8d. 8e	, 8f, and 8g)					420,873			
i		Sh from line 8c)			A COLOR A	1	(380,448)			
j		instructions)	. 8j			200				
_		· · · · · · · · · · · · · · · · · · ·				THE RESIDENCE OF				

Part	IV Plan Characteristics								
9a 1	the plan provides pension benefits, enter the applicable pension feat	ure codes from the L	ist of Plan Characteristic (	Codes	in the	instructions:			
h #	2E 2J 3D 2A 2F 2K the plan provides welfare benefits, enter the applicable welfare feature.	ra cadas from the Lis	et of Plan Characteristic C	adaa ii	n tha is	actoriations.			
	the plan provides wellare believes, enter the applicable wellare leater	10 COUGS HOITI ING LIS	of OFFIGIT CHARACTERISTIC CO	oues II	11 1110 11	istructions.			
Part	V Compliance Questions								
10	During the plan year:			Yes	No	Δ,	nount		
	Was there a failure to transmit to the plan any participant contribution	n within the time neri	nd described in				1104111		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar				х				
b	Were there any nonexempt transactions with any party-in-interest? (I		·		x				
	on line 10a.)		· · · · · <u>10b</u>	ļ	<u> </u>				
C	Was the plan covered by a fidelity bond?		10c	х				50,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fide				x				
	or dishonesty?		· · · · · <u>10d</u>		-				
е	Were any fees or commissions paid to any brokers, agents, or other p	•	· .						
	insurance services or other organization that provides some or all of instructions.)				х				
f	Has the plan failed to provide any benefit when due under the plan?				ж				
q	Did the plan have any participant loans? (If "Yes," enter amount as o				x				
9 h	If this is an individual account plan, was there a blackout period? (Se								
"	2520.101-3.)				х				
i	If 10h was answered "Yes," check the box if you either provided the	required notice or on	e of the						
100000000000000000000000000000000000000	exceptions to providing the notice applied under 29 CFR 2520.101-3		101		<u> </u>				
And in case of the last of	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))							<b>X</b> No	
12	ls this a defined contribution plan subject to the minimum funding rec						<del></del>		
14-	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		1412 of the Code of Section	)II 302	OIEM	15A?	165	INO	
а	If a waiver of the minimum funding standard for a prior year is being	•	a voar coo instructions or	ad ont	or tha	data of the la	Har milina		
u	granting the waiver		· · · · · Month	iu ent	Day	rY	ller rullng ear	l	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M								
b	Enter the minimum required contribution for this plan year			. L	12b				
С	Enter the amount contributed by the employer to the plan for this plan	nyear		. [	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter th	e result (enter a mini	us sign to the left of a		12d				
	negative amount)			٠					
The second second	Will the minimum funding amount reported on line 12d be met by the	funding deadline?			• •	Yes _	No	□N/A	
Part	Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan			٠ _:			<b>x</b> Yes	☐ No	
	If "Yes," enter the amount of any plan assets that reverted to the emp	ployer this year .			13a			0	
b	Were all the plan assets distributed to participants or beneficiaries, tr		plan, or brought under the	e conti	rol				
С	of the PBGC?						<b>x</b> Yes	□No	
·	which assets or liabilities were transferred. (See instructions.)	this plan to another p	plan(s), identity the plan(s	) το					
1	3c(1) Name of plan(s):			12	c(2) E	IN/e)	120/3	DN(a)	
<u></u>	of planto.			13	C(Z) L	114(3)	130(3	PN(s)	
Cautio	n: A penalty for the late or incomplete filing of this return/report	will be assessed un	less reasonable cause is	s esta	blishe	d.			
	penalties of perjury and other penalties set forth in the instructions, I c						Schedule	a	
SB or	Schedule MB completed and signed by an enrolled actuary, as well as	s the electronic version	on of this return/report, and	d to th	e best	of my knowle	edge and	-	
belief,	it is true, correct, and complete.	1 a / / =	T						
SIGI		2/23/2	WARREN D. FOSTER	₹					
HER	Signature of plan administrator	Date	Enter name of individua	ıl signi	ng as	plan administ	rator		
SIGI	about & Sta	2/23/12	WARREN D. FOSTER	<b>1</b>					
HER		Date	Enter name of individua	ıl siani	ng as	emplover or r	olan soon	sor	
	Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor								

Page **2-**

Form 5500-SF 2010

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Adm

# 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

OMB Nos. 1210-0110 1210-0089

2009

	Internal	Revenue C	ode (the Code).		This Form is	o open to ranic								
-	Pension Benefit Guaranty Corporation  Complete all entries In acco	rdance wit	th the instructions to the Form 550	n ee	ins	spection								
	ranti Annual Report Identification Information		and their dedectes to the 1 offic 350	U-3F.										
Fo	or the calendar plan year 2009 or fiscal plan year beginning	08/0	1/2009 and ending	- 0	7/31/2010									
	This return/report is for: x single-employer plan	_	employer plan (not multiemployer)	<u> </u>	77 317 2010									
	This return/report is for: first return/report	] final retur		, I	one-participant plan									
	an amended return/report	=												
_		Snort plar	i year return/report (less than 12 mont)	ns)										
C	Check box if filing under.	automatic	extension		DFVC program	m								
*****	special extension (enter descriptio	n)		•	·····d									
F	Part II Basic Plan Information enter all requested info	ormation.												
1a	Name of plan	ATTICALION.		16										
	CDEDUTC CHRISTONS				Three-digit plan number									
	GRAPHIC SERVICES, INC. 401(K) PLAN				(PN) ►	001								
				1c	Effective date of	plan								
22	Plan sponeor's game and address /				08/01/1996									
	Plan sponsor's name and address (employer, if for single-employer p GRAPHIC SERVICES, INC.	olan)		2b	Employer Identifi	cation Number								
	DANVICEO, INC.				(EIN) 91-078									
	402 TACOMA AVE S			2c	Plan sponsor's te	ephone number								
710	Ma dos d		ļ	24	(253) 527-8									
US	WA 90402			Zu	Business code (s 323100	ee instructions)								
Ja	Plan administrator's name and address (If same as plan employer, e Same	nter "Same	")		Administrator's E	IN								
			]											
			ŀ	30	A al-									
			1	JC /	3c Administrator's telephone number									
4	If the name and/or Elat of the of													
•	If the name and/or EIN of the plan sponsor has changed since the las name, EIN and the plan number from the last return/report. Sponsor's	st return/rep s Nama	ort filed for this plan, enter the	4b	4b EIN									
				4c PN										
5a	Total number of participants at the beginning of the plan year Total number of participants at the part of the plan year			5a 4										
	roter number of participants at the end of the plan year.		ľ	5b		4								
С	of the end of the control of the end of the	ne alon wear	(dofond honotti -l	<u> </u>		***								
62	COMPLETE THE REAL PROPERTY.			5c		4								
h	where an of the plants assets during the plan year invested in eligible a	assets? (Sec	e instructions )			X Yes No								
IJ	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520 104.462 (See instructions of the control of the contro	independer	nt qualified public accountant (IQPA)											
	If you answered "No" to either 65 or 6b, the plan served 5	conditions	),			The state of the s								
Pa	to exact sa or ob, the plan callifor use Form	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500												
Part III Financial Information														
7	art III   Financial Information					X Yes No								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of									
a	Plan Assets and Liabilities  Total plan assets	. 7a				f Year								
	Plan Assets and Liabilities		(a) Beginning of Year 342,554											
a b	Plan Assets and Liabilities  Total plan assets	. 7a . 7b	(a) Beginning of Year 342,554 0			f Year 380,448								
a b	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	. 7a	(a) Beginning of Year 342,554 0 342,554		(b) End ol	f Year 380,448 380,448								
a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	. 7a . 7b	(a) Beginning of Year 342,554 0			f Year 380,448 380,448								
a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	. 7a . 7b . 7c	(a) Beginning of Year 342, 554 0 342, 554 (a) Amount		(b) End ol	f Year 380,448 380,448								
a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	7a 7b 7c 8a(1)	(a) Beginning of Year 342,554 0 342,554 (a) Amount 4,058		(b) End ol	f Year 380,448 380,448								
a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Particloants	7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year 342, 554 0 342, 554 (a) Amount		(b) End ol	f Year 380,448 380,448								
a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Particioants (3) Others (including rollovers)	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3)	(a) Beginning of Year 342,554 0 342,554 (a) Amount 4,058 8,309		(b) End ol	f Year 380,448 380,448								
a b c 8 a b	Plan Assets and Liabilities Total plan assets Total plan liabilities  Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers). Other income (loss)	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b	(a) Beginning of Year 342,554 0 342,554 (a) Amount 4,058		(b) End ol	f Year 380,448 380,448								
a b c 8 a b	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss)  Total income(add lines 3a(1), 8a(2), 8a(3), and 8b)	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3)	(a) Beginning of Year 342,554 0 342,554 (a) Amount 4,058 8,309		(b) End ol	f Year 380,448 380,448								
a b c 8 a b c	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers). Other income (loss)  Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c	(a) Beginning of Year 342,554 0 342,554 (a) Amount 4,058 8,309		(b) End ol	f Year 380,448 380,448								
a b c 8 a b c d	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c	(a) Beginning of Year 342,554 0 342,554 (a) Amount 4,058 8,309		(b) End ol	f Year 380,448 380,448								
a b c 8 a b c d e	Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers). Other income (loss)  Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8a(1) 8a(2) 8a(3) 8b 8c  8d 8e	(a) Beginning of Year 342,554 0 342,554 (a) Amount 4,058 8,309		(b) End ol	f Year 380,448 380,448								
a b c 8 a b c d e f	Plan Assets and Liabilities  Total plan assets Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss)  Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	. 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c	(a) Beginning of Year 342,554 0 342,554 (a) Amount 4,058 8,309		(b) End ol	f Year 380,448 380,448								
a b c 8 a b c d e f g	Plan Assets and Liabilities  Total plan assets Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss)  Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	8a(1) 8a(2) 8a(3) 8b 8c  8d 8e	(a) Beginning of Year 342,554 0 342,554 (a) Amount 4,058 8,309		(b) End ol	f Year 380,448 380,448								
a b c d e f g h	Plan Assets and Liabilities  Total plan assets Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss)  Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses  Total expenses (add lines 8d, 8e, 8f, and 8g)	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 9f	(a) Beginning of Year 342,554 0 342,554 (a) Amount 4,058 8,309		(b) End ol	f Year 380,448 380,448								
abc 8 a bcd efghi	Plan Assets and Liabilities  Total plan assets Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss)  Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Beginning of Year 342,554 0 342,554 (a) Amount 4,058 8,309		(b) End ol	f Year 380,448 380,448 stal								

	Form 5500-SF 2009		Page 2-						
Pai	t IV Plan Characteristics		age 2						
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D 2A 2F 2K If the plan provides welfare benefits, enter the applicable welfare fe	feature codes from the	e List of Plan Charact List of Plan Characte	eristic i	Codes odes i	in the	e instruction	жs.	
	t V Compliance Questions								·
10	During the plan year:				т	- <sub>1</sub>			
а	Was there a failure to transmit to the plan any participant another	tion within the time -	and and an order		Yes	No		Amount	
	Were there any nonexempt transactions with any party-in-interest	ciary Correction Progr	ram)	<b>10</b> a		×	-		
				10b		x			
c di	Was the plan covered by a fidelity bond?.			10c	х				50,000
u	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, that was	s caused by fraud	10d		х			
e	Were any fees or commissions paid to any brokers, agents, or other insurance services or other organization that provides some or all instructions.)	or persons by an insur of the benefits under	rance carrier, the plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		х	<del> </del>		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear end \		101		×	<del> </del>		<del></del>
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	Car instruction	29 CFR	10g		ļ	+		
į	If 10h was answered "Yes" check the hey if you sixty and the		ne of the	10h			<u> </u>		
Part	exceptions to providing the notice applied under 29 CFR 2520.10°  VI Pension Funding Compliance	1-3	<del></del>	10i					
11	is this a defined benefit plan subject to minimum funding requires	f - O she was							
	Is this a defined benefit plan subject to minimum funding requirem 5500))							Пуа	s X No
12	a domination plan subject to the minimum funding	recuirements of section	on 412 of the Code or	section	302	ofFE	HSA2		s X No
lf y	(If "Yes." complete 12a or 12b, 12c, 12d, and 12e befow, as applic if a waiver of the minimum funding standard for a prior year is being granting the waiver ou completed line 12a, complete lines 3, 9, and 10 of Schedule	g amortized in this pla MB (Form 5500), and	skip to line 13.	tn		r the Day	date of the	: letter rulinç Year	9
c	Enter the minimum required contribution for this plan year				. L	12b			
-	Enter the amount contributed by the employer to the plan for this p Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	the result (enter a mir	rus sign to the left of	. , .	·	12c			
						I2d	ĺ		
Part \	Will the minimum funding amount reported on line 12d be met by the	he funding deadline?					Yes	□No	□N/A
	rian reminations and Transfers of Assets								······································
Ja	las a resolution to terminate the plan been adopted during the plan fives," enter the amount of any plan assets that revented to the	n year or any prior yea	ir?					Yes	x No
	part assets trial reverted to the er	inployer this year .			ما ،	- I			
C	Nere all the plan assets distributed to participants or beneficiaries, of the PBGC?  I during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)					• •	,	. Yes	X No
	c(1) Name of plan(s):		T		40.	(a) =:	614-3		
					130	(2) EI	N(S)	13c(3)	PN(s)
aution	A penalty for the late or incomplete filing of this return/report	will be assessed un	loss recepcable say				<del></del>		
was h	enalties of perjury and other penalties set forth in the instructions, I hedule MB completed and signed by an enrolled actuary, as well a s true, correct, and complete.	Albert and the state of						a Schedule rledge and	
SIGN	alen & Blo	5/0/2011	WADDEN TO THE	mms				······································	
HERE	Signature of plan administrator	Date	WARREN D. FOS						
SIGN	Marin X Fr.	5/6/2011	Enter name of indiv		igning	as p	an admini	strator	
HERE	Signature of employer/plan sponsor	Date	WARREN D. FOS						
	A second		Enter name of indiv	iuual S.	igning	as ei	inployer or	pian spons	cr