	Form 5500-SF Short Form Annual Return/Report of Small Employ Benefit Plan					OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ					2011				
	Department of Labor	8(a) of								
	nployee Benefits Security Administration ension Benefit Guaranty Corporation		This Form is Open to Public Inspection							
	Persion benefit Guaranty Corporation         Part I       Annual Report Identification Information									
	calendar plan year 2011 or fisca		1	and ending 1	2/31/2	2011				
Α -	This return/report is for:	X a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan				
	This return/report is:	the first return/report	the final r	eturn/report						
		an amended return/report	a short pla	an year return/report (less than 12 mo	onths)	)				
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program				
special extension (enter description)										
Pa	rt II Basic Plan Inform	nation—enter all requested information	ation							
	Name of plan				1b	Three-digit				
VP PI	ERI PAINTING COMPANY RET	IREMENT PLAN				plan number (PN) ▶ 001				
					1c	Effective date of plan				
						01/01/2004				
	Plan sponsor's name and addre	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 91-2011098				
					2c	Sponsor's telephone number 425-898-8494				
	BOX 2470 MOND, WA 98073				2d	Business code (see instructions) 238300				
	Plan administrator's name and ERI PAINTING COMPANY	address (if same as plan sponsor, er P. O. BOX 24		;")	3b	Administrator's EIN 91-2011098				
		REDMOND, V	NA 98073		3c	Administrator's telephone number 425-898-8494				
4		lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b EIN					
а	name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN									
	•	the beginning of the plan year			5a	11				
b	Total number of participants at	the end of the plan year			5b	8				
	Number of participants with ac	count balances as of the end of the p	olan year (d	defined benefit plans do not	5c	5				
6a	,	luring the plan year invested in eligibl				X Yes No				
b		ne annual examination and report of a								
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo		,		Yes No				
Pa	rt III Financial Informa									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a	134410		117940				
b	Total plan liabilities		7b		_					
C		'b from line 7a)	7c	134410		117940				
8	Income, Expenses, and Transf			(a) Amount		(b) Total				
а	(1) Employers	vable from:	8a(1)							
			8a(2)							
	(3) Others (including rollovers)	)	8a(3)							
b	Other income (loss)		8b	-2303						
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			-2303				
d		rollovers and insurance premiums	8d	14167						
е	,	ive distributions (see instructions)	8e							
f		rs (salaries, fees, commissions)	8f							
g		- (	8g							
h	•	8e, 8f, and 8g)	8h			14167				
i	Net income (loss) (subtract line	e 8h from line 8c)	8i			-16470				
j	Transfers to (from) the plan (se	ee instructions)	8j							

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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: 2A 2E 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions								
10	During the plan year:	_	Yes	No	A	mount			
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)			Х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			Х					
С	Was the plan covered by a fidelity bond?	10c	Х			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?								
е	<ul> <li>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.)</li> </ul>								
f	Has the plan failed to provide any benefit when due under the plan?								
g									
h									
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								
Part	VI Pension Funding Compliance								
11									
12									
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
<ul> <li>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.</li> </ul>									
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	Enter the minimum required contribution for this plan year		12b						
	C Enter the amount contributed by the employer to the plan for this plan year								
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)								
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?								
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?			١	res X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a						
b									
<ul> <li>C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)</li> </ul>									
1	3c(1) Name of plan(s):		130	c(2) El	N(s)	13c(3) PN(s)			
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.									
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returns a she declare that I have examined this returns a she declare the declare the declare the set of the returns a she declare the d								

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	04/10/2012	LINDA A. PERI
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

	orm 5500-SF Short Form Annual Return/Report of Small Employ Benefit Plan					/ee OMB Nos. 1210-0 1210-0			
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employed									
Department of Labor Employee Benefits Security Administration The Internal Revenue Code (the Code).					B(a) of This Form is Open to Publi				
Pension Benefit Guaranty Corporation Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500						Inspection			
Par	rt I Annual Report I	dentification Information	ance with	the manuellona to the Form 550	0-01.				
For ca	alendar plan year 2011 or fis		1	and ending	2/31/	2011			
Α ΤΙ	his return/report is for:	X a single-employer plan	a multiple-	employer plan (not multiemployer)		a one-particip	pant plan		
вт	his return/report is:	the first return/report	the final re	rum/report					
		an amended return/report	a short plar	year return/report (less than 12 m	onths	)			
C Check box if filing under:				extension	DFVC program				
		special extension (enter description	n)						
Par	t II Basic Plan Infor	rmation-enter all requested informa	ation						
1a 🛚	Name of plan				1b	Three-digit			
VP PERI PAINTING COMPANY RETIREMENT PLAN					plan number (PN) ▶	001			
					1c	Effective date o	f plan		
						01/01/2			
2a F P PE	Plan sponsor's name and add RI PAINTING COMPANY	fress; include room or suite number (er	mployer, if f	or a single-employer plan)	2b	Employer Identi (EIN) 91-201			
					2c	Sponsor's telep	hone number		
	BOX 2470 10ND WA 98073				425-898-8494 2d Business code (see instructions)				
		d address (if same as plan sponsor, er	nter "Same"	)	238300 3b Administrator's EIN				
AME					91-2011098 3c Administrator's telephone numb				
4 1	If the name and/or FIN of the	plan sponsor has changed since the la	ast return/re	enord filed for this plan enter the	4h	425-898 EIN	0-0494		
		nber from the last return/report.		and the second second second second second	10		- Marine 前日 - Marine		
	Sponsor's name				4c	PN			
Yan	and the second	at the beginning of the plan year			5a		1		
		at the end of the plan year			5b				
		account balances as of the end of the p		10	5c				
						in the second			
6a	were all of the plan's assets	during the plan year invested in clight.	le assels?	See instructions.)			X Yes I		
b	Are you claiming a waiver of	the annual examination and report of a	an indepen	See instructions.) ient qualified public accountant (IQ	PA)				
b	Are you claiming a waiver of under 29 CFR 2520.104-46?	the annual examination and report of a ? (See instructions on waiver eligibility a	an independ and condition	dent qualified public accountanl (IQ ons.)	PA)				
b	Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to ei	the annual examination and report of a (See instructions on waiver eligibility a ther 6a or 6b, the plan cannot use Fo	an independ and condition	dent qualified public accountanl (IQ ons.)	PA)				
b Par	Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to ei t III Financial Inform	the annual examination and report of a (See instructions on waiver eligibility a ther 6a or 6b, the plan cannot use Fo	an independ and condition	ient qualified public accountanl (IQ ns.) F and must instead use Form 55	PA)		X Yes    I		
b Par 7	Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to ei t III Financial Inform Plan Assets and Liabilities	the annual examination and report of a 2 (See instructions on waiver eligibility a ther 6a or 6b, the plan cannot use Fo nation	an independ and condition orm 5500-5	dent qualified public accountanl (IQ ons.)	PA)		X Yes 1		
b Par 7 a	Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to ei t III Financial Inform Plan Assets and Liabilities Total plan assets	the annual examination and report of a (See instructions on waiver eligibility a ther 6a or 6b, the plan cannot use Fo	an independ and condition orm 5500-5 7a	dent qualified public accountant (IQ ons.) F and must instead use Form 55 (a) Beginning of Year	PA)		X Yes 1		
b Par 7 a	Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to ei t III Financial Inform Plan Assets and Liabilities Total plan assets Total plan liabilities	the annual examination and report of a ? (See instructions on waiver eligibility a ther 6a or 6b, the plan cannot use Fo nation	an independ and condition orm 5500-5 7a	dent qualified public accountant (IQ ons.) F and must instead use Form 55 (a) Beginning of Year	PA)		X Yes []   of Year 11794		
b Par 7 b c	Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to ei t III Financial Inform Plan Assets and Liabilities Total plan assets Total plan liabilities	the annual examination and report of a ? (See instructions on waiver eligibility a ther 6a or 6b, the plan cannot use Fo nation e 7b from line 7a)	an independ and conditio orm 5500-5 . 7a . 7b	ient qualified public accountant (IQ ons.) F and must instead use Form 55 (a) Beginning of Year 13441(	PA)	(b) End	X Yes []   of Year 11794 11794		
b Par 7 b c	Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to ei t III Financial Inform Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line	the annual examination and report of a 2 (See instructions on waiver eligibility a ther 6a or 6b, the plan cannot use For nation a 7b from line 7a) Insfers for this Plan Year	an independ and conditio orm 5500-5 . 7a . 7b	dent qualified public accountant (IQ ons.) F and must instead use Form 55 (a) Beginning of Year 13441( 13441)	PA)	(b) End	X Yes []   of Year 11794		
b Par 7 b c 8 a	Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to ei t III Financial Inform Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line Income, Expenses, and Tran Contributions received or rec	the annual examination and report of a 2 (See instructions on waiver eligibility a ther 6a or 6b, the plan cannot use For nation a 7b from line 7a) Insfers for this Plan Year	an independ and conditio orm 5500-5 7a 7b 7c 8a(1)	dent qualified public accountant (IQ ons.) F and must instead use Form 55 (a) Beginning of Year 13441( 13441)	PA)	(b) End	X Yes []   of Year 11794 11794		
b Par 7 b c 8 a	Are you claiming a waiver of under 29 CFR 2520.104-46?         If you answered "No" to eint t III         Financial Inform         Plan Assets and Liabilities         Total plan assets         Total plan assets (subtract line)         Income, Expenses, and Trans         Contributions received or reconstruction         (1) Employers         (2) Participants	the annual examination and report of a 2 (See instructions on waiver eligibility a ther 6a or 6b, the plan cannot use For nation 9 7b from line 7a) 11sfers for this Plan Year 2eivable from:	an independ and conditio orm 5500-5 7a 7b 7b 7c 8a(1) 8a(2)	dent qualified public accountant (IQ ons.) F and must instead use Form 55 (a) Beginning of Year 13441( 13441)	PA)	(b) End	X Yes [] 1 of Year 11794		
b Par 7 b c 8 a	Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to ei t III Financial Inform Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line Income, Expenses, and Tran Contributions received or rec (1) Employers	the annual examination and report of a 2 (See instructions on waiver eligibility a ther 6a or 6b, the plan cannot use For nation a 7b from line 7a) Insfers for this Plan Year seivable from:	an independ and conditio orm 5500-5 7a 7b 7c 8a(1) 8a(2) 8a(3)	ient qualified public accountant (IQ ons.) F and must instead use Form 55 (a) Beginning of Year 134410 134410 (a) Amount	PA)	(b) End	X Yes [] 1 of Year 11794		
b Par 7 b c 8 a b	Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to ei t III Financial Inform Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line Income, Expenses, and Tran Contributions received or rec (1) Employers	the annual examination and report of a 2 (See instructions on waiver eligibility a ther 6a or 6b, the plan cannot use For nation a 7b from line 7a) isfers for this Plan Year ceivable from:	an independ and conditio orm 5500-5 7a 7b 7b 7c 8a(1) 8a(2) 8a(3) 8b	dent qualified public accountant (IQ ons.) F and must instead use Form 55 (a) Beginning of Year 13441( 13441)	PA)	(b) End	X Yes [] 1 of Year 11794 11794 Total		
b Par 7 b c 8 a b c	Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to ei t III Financial Inform Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line Income, Expenses, and Tran Contributions received or rec (1) Employers (2) Participants (3) Others (including rollove Other income (loss) Total income (add lines 8a(1)	the annual examination and report of a 2 (See instructions on waiver eligibility a ther 6a or 6b, the plan cannot use Fornation a 7b from line 7a) asfers for this Plan Year ceivable from: (Section)	an independ and conditio orm 5500-5 7a 7b 7b 7c 8a(1) 8a(2) 8a(3) 8b	ient qualified public accountant (IQ ons.) F and must instead use Form 55 (a) Beginning of Year 134410 134410 (a) Amount	PA)	(b) End	X Yes [] 1 of Year 11794		
b Par 7 b c 8 a b c d	Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to ei till Financial Inform Plan Assets and Liabilities Total plan assets Total plan assets (subtract line Income, Expenses, and Tran Contributions received or rec (1) Employers (2) Participants (3) Others (including rollove Other income (loss) Total income (add lines 8a(1) Benefits paid (including direc	the annual examination and report of a 2 (See instructions on waiver eligibility a ther 6a or 6b, the plan cannot use For nation a 7b from line 7a) isfers for this Plan Year ceivable from:	an independ and conditio orm 5500-5 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	ient qualified public accountant (IQ ons.) F and must instead use Form 55 (a) Beginning of Year 134410 134410 (a) Amount	PA)	(b) End	X Yes     of Year 11794 11794 Total		
b Par 7 a b c 8 a b c c d	Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to ei t III Financial Inform Plan Assets and Liabilities Total plan assets Total plan assets (subtract line Income, Expenses, and Tran Contributions received or rec (1) Employers (2) Participants (3) Others (including rollove Other income (loss) Total income (add lines 8a(1 Benefits paid (including direc to provide benefits)	the annual examination and report of a 2 (See instructions on waiver eligibility a ther 6a or 6b, the plan cannot use Fornation a 7b from line 7a) asfers for this Plan Year ceivable from: (Note: Section 10, 20, 20, 20, 20, 20, 20, 20, 20, 20, 2	an independ and conditio orm 5500-5 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	ient qualified public accountant (IQ ons.) F and must instead use Form 55 (a) Beginning of Year 134410 (a) Amount -2300	PA)	(b) End	X Yes     of Year 11794 11794 Total		
b Par 7 a b c 8 a b c d e	Are you claiming a waiver of under 29 CFR 2520.104-46?         If you answered "No" to eist till         Financial Inform         Plan Assets and Liabilities         Total plan assets         Total plan assets (subtract line)         Income, Expenses, and Trans         Contributions received or r	the annual examination and report of a (See instructions on waiver eligibility a ther 6a or 6b, the plan cannot use Fornation a 7b from line 7a) a 7b from line 7a) sfers for this Plan Year ceivable from: (seivable from: ), 8a(2), 8a(3), and 8b) t rollovers and insurance premiums	an independ and conditio orm 5500-5 7a 7b 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8d 8e	ient qualified public accountant (IQ ons.) F and must instead use Form 55 (a) Beginning of Year 134410 (a) Amount -2300	PA)	(b) End	X Yes     of Year 11794 11794 Total		
b Par 7 b c 8 a b c d c f	Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to ei t III Financial Inform Plan Assets and Liabilities Total plan assets Total plan assets Total plan assets (subtract line Income, Expenses, and Tran Contributions received or rec (1) Employers (2) Participants (3) Others (including rollove Other income (loss) Total income (add lines 8a(1 Benefits paid (including direc to provide benefits) Certain deemed and/or correc Administrative service provide	the annual examination and report of a (See instructions on waiver eligibility a ther 6a or 6b, the plan cannot use For nation a 7b from line 7a) asfers for this Plan Year ceivable from: (see instructions)	an independ and conditio orm 5500-5 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8c 8c 8c 8c 8c	ient qualified public accountant (IQ ons.) F and must instead use Form 55 (a) Beginning of Year 134410 (a) Amount -2300	PA)	(b) End	X Yes     of Year 11794 11794 Total		
b Par 7 b c 8 a b c d e f g	Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to ei t III Financial Inform Plan Assets and Liabilities Total plan assets Total plan assets Net plan assets (subtract line Income, Expenses, and Tran Contributions received or rec (1) Employers (2) Participants (3) Others (including rollove Other income (loss) Total income (add lines 8a(1 Benefits paid (including direc to provide benefits) Certain deemed and/or correc Administrative service provid	the annual examination and report of a 2 (See instructions on waiver eligibility a ther 6a or 6b, the plan cannot use For mation a 7b from line 7a) insfers for this Plan Year ceivable from: (s)	an independ and conditio orm 5500-5 7a 7b 7c 8a(1) 8a(2) 8a(2) 8a(3) 8b 8c 8c 8c 8c 8c 8c 8c 8c 8c	ient qualified public accountant (IQ ons.) F and must instead use Form 55 (a) Beginning of Year 134410 (a) Amount -2300	PA)	(b) End	X Yes [] 1 of Year 11794 11794 Total		
b Par 7 b c 8 a b c d e f g h	Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to ei t III Financial Inform Plan Assets and Liabilities Total plan assets Total plan assets Net plan assets (subtract line Income, Expenses, and Tran Contributions received or rec (1) Employers (2) Participants (3) Others (including rollove Other income (loss) Total income (add lines 8a(1) Benefits paid (including direc to provide benefits) Certain deemed and/or correc Administrative service provid Other expenses (add lines 8a	the annual examination and report of a 2 (See instructions on waiver eligibility a ther 6a or 6b, the plan cannot use For nation a 7b from line 7a) asfers for this Plan Year ceivable from: rs) ), 8a(2), 8a(3), and 8b) ct rollovers and insurance premiums active distributions (see instructions) ders (salaries, fees, commissions)	an independ and conditio orm 5500-5 7a 7b 7c 8a(1) 8a(2) 8a(3) 8a(3) 8a 8b 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c	ient qualified public accountant (IQ ons.) F and must instead use Form 55 (a) Beginning of Year 134410 (a) Amount -2300	PA)	(b) End	X Yes     of Year 11794 11794 Total -230		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

	IV Plan Characteristics					- 1	
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	tic Co	des in	the instruc	ctions:	
	2A 2E 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	deristi	c Cod	es in It	e instruct	ions:	
5		5101101	0.000	00 m K		ionia.	
Part	V Compliance Questions						
10	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		х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x			
C	Was the plan covered by a fidelity bond?	10c	х				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		x			
f	Has the plan failed to provide any benefit when due under the plan?	10f		х			
q	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	6	Х			
-	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x			
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					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	nplete	Scher		/Farm		
10	5500))						11. Ave. 1
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instru-	e or se ctions	ction (	302 of	ERISA?	the lette	Yes X N
а	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instru- granting the waiver.	e or se ctions 11h	ction (	302 of	ERISA?	the lette	Yes X N
a If y	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instru- granting the waiver	e or se ctions 11h	ction : , and e	302 of	ERISA?	the lette	Yes X N
a <sup>lf</sup> y b	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instru- granting the waiver	e or se ctions 11h	, and e	302 of enter th Day	ERISA?	the lette	Yes X N
a <sup>lf</sup> y b c	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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. 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	e or se ctions 11h of a		302 of enter th Day 12b 12c	ERISA?	the lette	Yes X N
a <sup>lf</sup> y b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instru- granting the waiver	e or se ctions 11h of a	, and e	302 of enter th Day 12b 12c 12d	ERISA?	the letter	Yes X N er ruling
a lfy b c d e	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instru- granting the waiver	e or se ctions 11h of a	, and e	302 of enter th Day 12b 12c 12d	ERISA?	the lette	Yes X N er ruling
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a lf) b c d e Part 13a b	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 ctions th of a	ction : , and 6 	302 of enter th Day 12b 12c 12d	ERISA? e date of	the letter Year	Yes X N er ruling
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SIGN	× Burga Lui	14-4-12	LINDA A. PERI
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