### 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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

|   | Co  | mplete all entries in accor     | dance witl   | h the instructions to the Form 5500    | )-SF.           |                                 | •           |      |
|---|---|---------------------------------|--------------|--|-----------------|---------------------------------|-------------|------|
| P   | art I Annual Report Identific   | cation Information              |              |  |                 |                                 |             |      |
| For   | calendar plan year 2011 or fiscal plan y                              | ear beginning 01/01/201         | 1            | and ending 1                           | 2/31/2          | 011                             |             |      |
| Α   | This return/report is for:  | gle-employer plan               | a multiple   | e-employer plan (not multiemployer)    | [               | a one-particip                  | ant plan    |      |
| В   | This return/report is:  | st return/report                | the final r  | eturn/report                           |                 |                                 |             |      |
|   | an an   | nended return/report            | a short pla  | an year return/report (less than 12 mo | onths)          |                                 |             |      |
| С   | Check box if filing under:  | 5558                            | automatic    | extension                              |                 | DFVC progra                     | m           |      |
|   | speci   | al extension (enter description | on)          |  | •               |                                 |             |      |
| Pa  | art II Basic Plan Information   | —enter all requested inform     | ation        |  |                 |                                 |             |      |
|   | Name of plan  | 7                               |              |  | 1b              | Three-digit                     |             |      |
|   | DERICKSONS B F GARBAGE 401K PL  | AN                              |              |  |                 | plan number                     |             |      |
|   |   |                                 |              |  |                 | (PN) ▶                          | 001         |      |
|   |   |                                 |              |  | 1c              | Effective date of               | plan        |      |
|   |   |                                 |              |  |                 | 01/01/                          | 2011        |      |
|   | Plan sponsor's name and address; incl<br>EDERICKSONS B F GARBAGE, LLC | ude room or suite number (e     | employer, if | for a single-employer plan)            |                 | Employer Identif<br>(EIN) 26-41 |             | )r   |
|   |   |                                 |              |  | 2c              | Sponsor's telep                 | none number |      |
|   | BOX 1913  |                                 |              |  |                 | 208-267                         |             |      |
| BON   | INERS FERRY, ID 83805   |                                 |              |  | 2d              | Business code (                 |             | ıs)  |
| _   |   |                                 |              |  | -               | 56200                           |             |      |
|   | Plan administrator's name and address<br>DERICKSONS B F GARBAGE, LLC  | PO BOX 191                      | 3            | ,                                      |                 |                                 | 99534       |      |
|   | BONNERS FERRY, ID 83805   |                                 |              |  |                 | Administrator's t<br>208-267    |             | ber  |
| 4   | If the name and/or EIN of the plan spor                               |                                 | last return/ | report filed for this plan, enter the  | 4b EIN          |                                 |             |      |
| _   | name, EIN, and the plan number from                                   | the last return/report.         |              |  | 4c              | DNI                             |             |      |
|   | Sponsor's name  Total number of participants at the beg               | inning of the plan year         |              |  |                 | T                               |             |      |
|   |   | . ,                             |              | <b>i</b>                               | <u>5a</u><br>5b |                                 |             |      |
| <ul> <li>b Total number of participants at the end of the plan year</li> <li>c Number of participants with account balances as of the end of the plan year (defined benefit plans do not</li> </ul> |   |                                 |              |  |                 |                                 |             |      |
|   | complete this item)   |                                 |              | ·                                      | 5c              |                                 |             | Ę    |
| 6a  | Were all of the plan's assets during the                              | e plan year invested in eligib  | ole assets?  | (See instructions.)                    |                 |                                 | X Yes       | No   |
| b   | 3   |                                 |              |  |                 |                                 | V voo □     | l No |
|   | under 29 CFR 2520.104-46? (See inst                                   |                                 |              | •                                      |                 |                                 | X Yes       | No   |
| Da  | If you answered "No" to either 6a or                                  | 6b, the plan cannot use F       | orm 5500-    | SF and must instead use Form 550       | )0.             |                                 |             |      |
|   | art III Financial Information   |                                 |              |  | 1               |                                 |             |      |
| 7   | Plan Assets and Liabilities   |                                 |              | (a) Beginning of Year                  |                 | (b) End                         |             |      |
| а   | '   |                                 |              |  |                 |                                 | 15493       |      |
| b   | Total plan liabilities  |                                 | . <u>7b</u>  |  |                 |                                 | 45400       |      |
| <u>C</u>  | Net plan assets (subtract line 7b from I                              |                                 | . 7с         | 0                                      |                 |                                 | 15493       |      |
| 8   | Income, Expenses, and Transfers for t                                 |                                 |              | (a) Amount                             |                 | (b) T                           | otal        |      |
| а   | Contributions received or receivable from (1) Employers               |                                 | 8a(1)        | 7776                                   |                 |                                 |             |      |
|   | • • •   |                                 | ` '          | 0                                      | _               |                                 |             |      |
|   | (2) Participants  |                                 | ` '          | 8787                                   |                 |                                 |             |      |
| <b>L</b>  | (a) Curers (including relievers)                                      |                                 |              |  |                 |                                 |             |      |
| b   | ,   |                                 |              | -1070                                  |                 |                                 | 15493       |      |
| C   | Total income (add lines 8a(1), 8a(2), 8                               |                                 | . <u>8c</u>  |  |                 |                                 | 10493       |      |
| d   | Benefits paid (including direct rollovers to provide benefits)        | •                               | . 8d         | 0                                      |                 |                                 |             |      |
| е   | Certain deemed and/or corrective distr                                | ibutions (see instructions)     | . 8e         | 0                                      |                 |                                 |             |      |
| f   | Administrative service providers (salar                               | es, fees, commissions)          | . 8f         | 0                                      |                 |                                 |             |      |
| g   | Other expenses  |                                 | . 8g         | 0                                      |                 |                                 |             |      |
| h   | Total expenses (add lines 8d, 8e, 8f, a                               | nd 8g)                          | . 8h         |  |                 |                                 | 0           |      |
| i   | Net income (loss) (subtract line 8h from                              | n line 8c)                      | . 8i         |  |                 |                                 | 15493       |      |
| j   | Transfers to (from) the plan (see instru                              | ctions)                         | 8j           | 0                                      |                 |                                 |             |      |
|   |   |                                 |              |  |                 |                                 |             |      |

| Form 5500-SF 2011 |  |  |
|-------------------|--|--|

| Part IV | Plan Characteristics |  |
|---------|----------------------|--|
| Part IV | Plan Characteristics |  |

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

Page **2** - 1

**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             | Α        | 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)  | 10a     |         | X              |          |        |       |
| b        | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)   | 10b     |         | X              |          |        |       |
| С        | Was the plan covered by a fidelity bond?  | 10c     | X       |                |          |        | 20000 |
| 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     |         | X              |          |        |       |
| 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   |         |         | X              |          |        |       |
| g        | Did the plan have any participant loans? (If "Yes," enter amount as of year end.)   | 10g     |         | X              |          |        |       |
| h        | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   | 10h     |         | Х              |          |        |       |
| i        | If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3  | 10i     |         |                |          |        |       |
| Part     | VI Pension Funding Compliance   |         |         |                |          |        |       |
| 11       |   |         |         |                |          |        |       |
| 12       |   |         |         |                |          |        |       |
| 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 :     | 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            |          |        |       |
| С        | Enter the amount contributed by the employer to the plan for this plan year   |         |         | 12c            |          |        |       |
| d        | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)  |         |         | 12d            |          |        |       |
| <u>e</u> | Will the minimum funding amount reported on line 12d be met by the funding deadline?  |         |         |                | Yes      | No     | N/A   |
| Part     | VII Plan Terminations and Transfers of Assets   |         |         |                |          |        |       |
| 13a      | Has a resolution to terminate the plan been adopted in any plan year?   | <u></u> |         | \              | ∕es X No |        |       |
|          | If "Yes," enter the amount of any plan assets that reverted to the employer this year   |         |         |                |          |        |       |
| b        | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?   |         |         |                |          | Yes    | X No  |
| С        | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)  | ne pla  | n(s) to | )              |          |        |       |
| 1        | 3c(1) Name of plan(s):  |         | 13      | <b>c(2)</b> El | N(s)     | 13c(3) | PN(s) |
|          |   |         |         |                |          |        |       |
|          |   |         |         |                |          |        |       |
|          | ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab   |         |         |                |          |        |       |
| SB o     | er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret<br>r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return,<br>f, it is true, correct, and complete. |         |         |                |          |        |       |

| SIGN | Filed with authorized/valid electronic signature. | 04/12/2012 | RONALD R. FREDERICKSON                                       |
|------|---|------------|--|
| 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

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).

▶ 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

| 150.00    | Part   Annual Report Ide  | maification before the               |   |                   |                          |            | ······                                 |   |                                       |
|-----------|---|--------------------------------------|---|-------------------|--------------------------|------------|--|---|---------------------------------------|
|           | or calendar plan year 2011 or fiscal  | ntification Information              | 01/01                                   | /2011             | and ending               |            | 12/31/201                              | 1                                       |                                       |
|           | <u></u>   | a single-employer plan               |   |                   |                          |            | г¬                                     |   |                                       |
| _         | This return/report is:  | a one-participant plan               |   |                   |                          |            |  |   |                                       |
| ٠         |   | •                                    |   | •                 |                          |            |  |   |                                       |
| _         |   | an amended return/report             | $\overline{\Box}$                       |                   | n/report (less than 12 m | nonths)    | p                                      |   |                                       |
| C         | Check box if filing under:  | Form 5558                            | لسا                                     | tic extension     |                          |            | DFVC progra                            | am                                      |                                       |
|           | Ll  | special extension (enter descrip     | ,                                       | ····              |                          |            |  |   |                                       |
| Lucianian | Part II Basic Plan Informa  | ation—enter all requested infor      | mation                                  |                   |                          | 7          |  |   |                                       |
|           | Name of plan<br>Tedericksons B F Garba  | ugo 401k Dlan                        |   |                   |                          | 1b         | Three-digit plan number                |   |                                       |
| * *       | edelieksons b r Gaibe   | ige 401K Plan                        |   |                   |                          |            |  | 001                                     |                                       |
|           |   |                                      |   |                   |                          | 1c         | Effective date of                      | f plan                                  |                                       |
|           |   |                                      | ·                                       |                   |                          |            | 01/01/2011                             |   |                                       |
| 28<br>F   | l Plan sponsor's name and address<br>redericksons B F Garba                   | s; include room or suite number      | (employer,                              | if for a single-e | employer plan)           | 2b         | Employer Identif                       |   | mber                                  |
|           | D Box 1913  | 30, 110                              |   |                   |                          | -          | (EIN) 26-419                           |   |                                       |
|           |   |                                      |   |                   |                          |            | Sponsor's telep                        |   | er                                    |
| В         | onners Ferry  | ID 83805                             |   |                   |                          |            | 208-267-33<br>Business code (          |   | tions)                                |
|           |   | 03003                                |   |                   |                          |            | 562000                                 | see msuuc                               | dons)                                 |
| 3a        | Plan administrator's name and ad  | dress (if same as plan sponsor,      | enter "Sam                              | ıe")              |                          | 3b         | Administrator's E                      | EIN                                     | · · · · · · · · · · · · · · · · · · · |
| P         | redericksons B F Garba<br>O Box 1913  | ge, LLC                              |   |                   |                          |            | 26-4199534                             |   |                                       |
| В         | onners Ferry I  | D 83805                              |   |                   |                          | 3c         | Administrator's to 208-267-33          | elephone n                              | iumber                                |
| 4         | If the name and/or EIN of the plan  | sponsor has changed since the        | last return                             | /report filed for | this plan, enter the     | 4b         |  | .03                                     |                                       |
| _         | name, EIN, and the plan number  | from the last return/report.         |   | •                 | ·                        | <b></b>    |  |   |                                       |
|           | Sponsor's name  | honionian of the alexander           | *************************************** |                   |                          | 4c         | PN                                     |   | ****                                  |
|           | Total number of participants at the   |                                      |   |                   |                          | 5a         |  |   | 5                                     |
| b         |   |                                      |   |                   |                          | 5b         |  |   | 5                                     |
| С         | Number of participants with accou   | int balances as of the end of the    | plan year                               | defined benefi    | t plans do not           | 5c         |  |   | 5                                     |
| 6a        | Were all of the plan's assets during  |                                      |   |                   |                          | L          |  | X Yes                                   | П No                                  |
| b         | Are you claiming a waiver of the a  | nnual examination and report of      | f an indepe                             | ndent qualified   | public accountant (IOF   | 2A)        |  |   |                                       |
|           | under 29 CFR 2520.104-46? (See  | e instructions on waiver eligibility | and condi                               | tions.)           |                          |            | *******                                | X Yes                                   | ∐ No                                  |
| Pε        | If you answered "No" to either out III Financial Information                  | oa or 60, the plan cannot use I      | orm 5500                                | -SF and must      | instead use Form 550     | 00.        |  |   |                                       |
| 7         | Plan Assets and Liabilities   | <b>711</b>                           |   | (a) D             | aginning of Vac-         | T          | (I-) F1                                |   |                                       |
|           | Total plan assets   |                                      | 7a                                      | (a) Di            | eginning of Year         | -          | (b) End o                              |   | 15493                                 |
| b         |   |                                      |   |                   |                          | -          |  |   | 13433                                 |
| С         | Net plan assets (subtract line 7b fr  |                                      | h                                       |                   |                          | o          | ************************************** |   | 15493                                 |
| 8         | Income, Expenses, and Transfers   |                                      |   | 1                 | a) Amount                | 1          | (b) To                                 | *************************************** |                                       |
| а         | Contributions received or receivab  |                                      |   |                   |                          |            |  |   |                                       |
|           | (1) Employers   |                                      | . 8a(1)                                 |                   | 777                      | 6          |  |   |                                       |
|           | (2) Participants  |                                      |   |                   |                          | 의          |  |   |                                       |
| h         | (3) Others (including rollovers)  |                                      |   |                   | 878                      | 7          |  |   |                                       |
| b         | Other income (loss)   |                                      |   |                   | -107                     | 0          |  |   |                                       |
| c<br>d    | Total income (add lines 8a(1), 8a(2)<br>Benefits paid (including direct rollo |                                      | 8c                                      |                   |                          |            |  | - Principal de la Carte                 | 15493                                 |
| u         | to provide benefits)  | vora and madrance premiums           | . 8d                                    |                   | (                        |            |  |   |                                       |
| е         | Certain deemed and/or corrective of   |                                      | . 8e                                    |                   | (                        | 히          |  |   |                                       |
| f         | Administrative service providers (s   | alaries, fees, commissions)          | . 8f                                    |                   | (                        | δ <b>1</b> |  |   |                                       |
| g         | Other expenses  |                                      | . 8g                                    |                   | (                        | 5          |  |   |                                       |
| h         | Total expenses (add lines 8d, 8e, 8   | f, and 8g)                           | . 8h                                    |                   |                          |            |  | *************************************** | 0                                     |
| i         | Net income (loss) (subtract line 8h   | from line 8c)                        | . 8i                                    |                   |                          |            |  |   | 15493                                 |
| i         | Transfers to (from) the plan (see in  | structions)                          | 0:                                      |                   | (                        | 1          |  |   |                                       |

|      | ~~~~  | ~~ | 0044 |  |
|------|-------|----|------|--|
| -orm | 5500- | -  | 2011 |  |

| Page | 2 | _ |  |
|------|---|---|--|
|------|---|---|--|

| Part IV | Dlam | 06     | -4:-4:   |  |
|---------|------|--------|----------|--|
| railiv  | rian | Cildia | cteristi |  |

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 2F 2G 2J 2K 2R 3D

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

|          | t V Compliance Questions  |                     |  |   |            |              |   |  |  |  |  |  |  |
|----------|---|---------------------|--|---|------------|--------------|---|--|--|--|--|--|--|
| 10       | During the plan year:   |                     | Yes  | No                                      |            | Amou         | nt                                      |  |  |  |  |  |  |
| а        | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)  | 10a                 |  | Χ                                       |            |              |   |  |  |  |  |  |  |
| b        |   | 10b                 |  | Х                                       |            |              |   |  |  |  |  |  |  |
| С        | Was the plan covered by a fidelity bond?  | 10c                 | Х  |   |            |              | 20000                                   |  |  |  |  |  |  |
| 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                 |  | X                                       |            |              |   |  |  |  |  |  |  |
| е        | Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)   | 10e                 |  | Х                                       |            |              |   |  |  |  |  |  |  |
| f        | Has the plan failed to provide any benefit when due under the plan?   | 10f                 |  | Χ                                       |            |              |   |  |  |  |  |  |  |
| g        | Did the plan have any participant loans? (If "Yes," enter amount as of year end.)   | 10g                 |  | X                                       |            |              |   |  |  |  |  |  |  |
| h        | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   | 10h                 |  | 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                 |  | *************************************** |            |              |   |  |  |  |  |  |  |
| art      | VI Pension Funding Compliance   |                     |  |   |            |              |   |  |  |  |  |  |  |
| 11       | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))  | plete S             | Schedu   | ule SE                                  | (Form      |              | es No                                   |  |  |  |  |  |  |
| 12       | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code  |                     |  |   |            |              | es X No                                 |  |  |  |  |  |  |
|          | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  |                     |  |   |            | houd         |   |  |  |  |  |  |  |
| а        | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc  | tions,              | and er   | nter th                                 | e date o   | f the letter | ruling                                  |  |  |  |  |  |  |
| if v     | granting the waiver   | n                   |  | Day.                                    |            | Year         |   |  |  |  |  |  |  |
|          | Enter the minimum required contribution for this plan year  |                     | . [  | 12b                                     |            |              |   |  |  |  |  |  |  |
|          | Enter the amount contributed by the employer to the plan for this plan year   |                     |  | 12c                                     |            |              |   |  |  |  |  |  |  |
|          |   | of a                | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a |   |            |              |   |  |  |  |  |  |  |
| е        |   |                     |  |   |            |              | *************************************** |  |  |  |  |  |  |
|          | Will the minimum funding amount reported on line 12d be met by the funding deadline?  |                     | -  |   | Yes        | ☐ No         | ∏ N/A                                   |  |  |  |  |  |  |
| art      |   | *********           | -  |   | Yes        | ☐ No         | □ N/A                                   |  |  |  |  |  |  |
|          |   |                     |  | [                                       | Yes es X   |              | ∏ N/A                                   |  |  |  |  |  |  |
|          | VII Plan Terminations and Transfers of Assets   | ******              | [  | [                                       |            |              | □ N/A                                   |  |  |  |  |  |  |
| 3a       | Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  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 u  | 13                  | [<br>a   | [                                       |            | No           | N/A N/A                                 |  |  |  |  |  |  |
| l3a<br>b | Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  | 13                  | a  | [                                       |            | No           |   |  |  |  |  |  |  |
| b<br>c   | Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  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 u of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the  | 13                  | a   ne con   | [                                       | es X       | No Y         |   |  |  |  |  |  |  |
| b<br>c   | Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  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 u of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) | 13                  | a   ne con   | Y                                       | es X       | No Y         | es 🏻 No                                 |  |  |  |  |  |  |
| b<br>c   | Has a resolution to terminate the plan been adopted in any plan year?  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 u of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)  3c(1) Name of plan(s):                    | 13<br>nder ti       | a   ne con   | [                                       | es X       | No Y         | es 🏻 No                                 |  |  |  |  |  |  |
| b c 1:   | Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  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 u of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) | 13 nder til e plane | a   ne con   | Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   | es X  N(s) | No Yo        | es X No (3) PN(s)                       |  |  |  |  |  |  |

| SIGN | Roma la R Fradery Leo              |              | Ronald R. Frederickson                                       |
|------|------------------------------------|--------------|--|
| HERE | Signature of plan administrator    | Date 4/10/12 | Enter name of individual signing as plan administrator       |
| SIGN | Rangeld R Forelarisbaco            |              | Ronald R. Frederickson                                       |
| HERE | Signature of employer/plan sponsor | Date 4/10/12 | Enter name of individual signing as employer or plan sponsor |