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.

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

Pa	art I	Annual Report I	dentification Informat	ion				
For				1/01/2010		and ending 1	0/31/2	2011
Α .	This retur	rn/report is for:	single-employer plan	mı	ultiple-e	mployer plan (not multiemployer)		one-participant plan
		rn/report is for:	first return/report	fin	al retur	n/report		_
			an amended return/report	t 🗏 sh	ort plan	year return/report (less than 12 mor	nths)	
C	Check ho	ox if filing under:	☐ Form 5558	□ au	tomatic	extension	,	DFVC program
	OHOOK BO	ox ii iiiiig under.	special extension (enter of					
Ps	art II	Rasic Plan Infor	mation—enter all requeste	' '	n			
	Name of		mation—enter an requeste	tu illioillialio	11		1b	Three-digit
			PROFIT SHARING PLAN					plan number 001
								(PN) ▶
							1c	Effective date of plan 11/01/1991
			ress (employer, if for single-e	employer pla	n)		2b	Employer Identification Number
IVI. C	AMPBEL	L & COMPANY, INC.					20	(EIN) 91-1203074 Plan sponsor's telephone number
	WEST IF						20	509-545-9848
PASI	CO, WA 9	99301					2d	Business code (see instructions) 811490
		ministrator's name and L & COMPANY, INC.	d address (if same as Plan sp	onsor, enter		")	3b	Administrator's EIN 91-1203074
	Tim DEE	a com 7 11 11 , 11 to.		CO, WA 993			3c	Administrator's telephone number 509-545-9848
4 1	f the nam	ne and/or FIN of the p	lan sponsor has changed sing	ce the last re	eturn/re	port filed for this plan, enter the	4h	EIN
		•	er from the last return/report.			port mod for this plant, officer the		
							4c	PN
5a	Total number of participants at the beginning of the plan year					101		
b	Total nu	ımber of participants a	at the end of the plan year				5b	96
С						ear (defined benefit plans do not	5с	37
6a	Were a	Il of the plan's assets	during the plan year invested	l in eligible a	ssets?	(See instructions.)		Yes No
b						dent qualified public accountant (IQ		
			•	•		ons.)		^ Yes No
Pa		Financial Inform		ot use rom	1 5500-	SF and must instead use Form 55	υυ.	
7		sets and Liabilities				(a) Beginning of Year		(b) End of Year
					7a	1158494	1	1188795
	•	an liabilities			7b			
С	Net plan	n assets (subtract line	7b from line 7a)		7c	1158494	1	1188795
8	Income,	, Expenses, and Trans	sfers for this Plan Year			(a) Amount		(b) Total
а		utions received or rece				15000)	
	` ,	. ,			Ba(1)	111358	_	
	• •	•			8a(2)	606	_	
L	• •	, -	s)		8a(3)	-2142	_	
b		` ,	0-(0) 0-(0) 0-)		8b	-2172		124822
c d			, 8a(2), 8a(3), and 8b) trollovers and insurance prer		8c			12 1022
u		1 \			8d	92866	5	
е	Certain	deemed and/or correc	ctive distributions (see instruc	ctions)	8e	1203		
f	Adminis	strative service provide	ers (salaries, fees, commissio	ons)	8f	452	2	
g	Other ex	xpenses			8g			
h	Total ex	penses (add lines 8d,	, 8e, 8f, and 8g)		8h			94521
i	Net inco	ome (loss) (subtract lin	ne 8h from line 8c)		8i			30301
	Transfe	rs to (from) the plan (s	see instructions)		8j			

	F	Form 5500-SF 2010 Page 2-				
Par	t IV	Plan Characteristics				
	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch	aracteri	stic Co	des in	the instructions:
h		2E 2F 2G 2J 2K 2T 3D plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	ractorio	tic Co	dae in t	the instructions:
D	II tile	plan provides wellare benefits, effer the applicable wellare feature codes from the List of Plan Cha	liaciens	stic Co	ues III i	the instructions.
art	: V	Compliance Questions				
0	Durii	ng the plan year:		Yes	No	Amount
а		there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	n 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		115000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frauctionsty?	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		5739
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 co				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ection 3	302 of I	ERISA? Yes No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ting the waiver				
lf :	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			-,	
b	Ente	r the minimum required contribution for this plan year			12b	
_		r the amount contributed by the employer to the plan for this plan year			12c	
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le tive amount)	ft of a		12d	
е	·	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes No N/A
	VII	Plan Terminations and Transfers of Assets			L	
		a resolution to terminate the plan been adopted during the plan year or any prior year?				Yes X No
		es," enter the amount of any plan assets that reverted to the employer this year			13a	
I.						

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

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.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes X No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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.	05/08/2012	MICHAEL G. CAMPBELL
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 section 6058(a) of the Internal Revenue Code (the Code).

Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

-				010 + In.	
	calendar plan year 2010 or fiscal plan year beginning 11/01/201			0/31/20	
Α -	his return/report is for:	multiple-er	nployer plan (not multiemployer)	L	one-participant plan
В-	his return/report is for: first return/report	final return	/report		
	an amended return/report	short plan	year return/report (less than 12 mor	nths)	_
C	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter description	n)			
Pa	rt II Basic Plan Information—enter all requested information	ation			
	Name of plan				Three-digit
	AMPBELL & COMPANY, INC. PROFIT SHARING PLAN				plan number 001
,					(PN) DUT
				10	11/01/1991
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number
	AMPBELL & COMPANY, INC.				(EIN) 91-1203074
2000	NATIONAL 1504 (1815)			2C	Plan sponsor's telephone number 509-545-9848
	WEST IRVING CO WA 99301			2d	Business code (see instructions)
					811490
	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same	")	3b /	Administrator's EIN 91-1203074
SAM	E			30	Administrator's telephone number
	· · · · · · · · · · · · · · · · · · ·				509-545-9848
4 1	f the name and/or EIN of the plan sponsor has changed since the la	st return/re	oort filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponso	or's name		4c	PN'
5a	Total number of participants at the beginning of the plan year			5a	101
b	Total number of participants at the end of the plan year			5b	96
	Total number of participants with account balances as of the end of	f the plan v	ear (defined benefit plans do not		
	Total number of participants with account balances as of the end o complete this item)			5c	
	complete this item)	ole assets?	(See instructions.)		
	Complete this item)	ole assets?	(See instructions.)dent qualified public accountant (IQ	PA)	X Yes No
6a	complete this item)	ole assets? an indeper and conditi	(See instructions.)dent qualified public accountant (IQ ons.)	PA)	X Yes No
6a b	Complete this item)	ole assets? an indeper and conditi	(See instructions.)dent qualified public accountant (IQ ons.)	PA)	Yes No
6a b	complete this item)	ole assets? an indeper and conditi	(See instructions.)dent qualified public accountant (IQ ons.)	PA)	Yes No
6a b	complete this item) Were all of the plan's assets during the plan year invested in eligib. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Fit III Financial Information Plan Assets and Liabilities	ole assets? an indepen and conditi	(See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55	PA)	X Yes No
6a b Pa	complete this item)	ole assets? an indeper and conditi form 5500-	(See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year	PA)	X Yes No
6a b Pa 7	complete this item)	ole assets? an indepen and conditi form 5500- 7a 7b	(See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year	PA)	X Yes No X Yes No X Yes No (b) End of Year 1188795
6a b Pa 7 a b	complete this item)	ole assets? an indepen and conditi form 5500- 7a 7b	(See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 1158494	PA)	X Yes No X Yes No X Yes No (b) End of Year 1188795
6a b 7 a b	complete this item)	ole assets? an indeper and conditi form 5500- 7a 7b 7c	(See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 1158494 (a) Amount	PA)	X Yes No X Yes No No No No No No No No
6a b 7 a b c	Complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fit III Financial Information 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	ole assets? an indeper and conditi form 5500- 7a 7b 7c 8a(1)	(See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 1158494 (a) Amount	PA) 00.	X Yes No X Yes No No No No No No No No
6a b 7 a b c	complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fit III Financial Information 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	ole assets? an indepen and conditi form 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.)	PA)	Yes No Yes No No No (b) End of Year 1188795
6a b 7 a b c	Complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fit III Financial Information Plan Assets and Liabilities Total plan liabilities Total 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)	ole assets? an indeper and conditi form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 1158494 (a) Amount 15000 111358	PA) 00. 1 1 3 3	Yes No Yes No No No (b) End of Year 1188795
6a b 7 a b c	Complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fit III Financial Information 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 Other (including rollovers) Other income (loss)	ole assets? an indeper and condition 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(See instructions.)	PA) 00. 1 1 3 3	Yes No No
6a b 7 a b c 8 a	Complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fit III Financial Information 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)	ole assets? an indeper and condition 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 1158494 (a) Amount 15000 111358	PA) 00. 1 1 3 3	Yes No No
6a b Pa 7 a b c 8 a	Complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fit III Financial Information Plan Assets and Liabilities 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	ole assets? an indeper and condition 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 1158494 (a) Amount 15000 111358	PA) 00.	Yes No Yes No No (b) End of Year 1188795 (b) Total
Part Part Part Part Part Part Part Part	Complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fit III Financial Information Plan Assets and Liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a)	ole assets? an indeper and condition 5500- 7a	(See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 1158494 (a) Amount 15000 111358 606 -2144	PA) 00.	Yes No Yes No No (b) End of Year 1188795 (b) Total
6a b 7 a b c 8 a	Complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fit III Financial Information Plan Assets and Liabilities Total plan liabilities 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)	ole assets? an indeper and condition 5500- 7a	(See instructions.) (See instructions.) (dent qualified public accountant (IQ ons.) (SF and must instead use Form 55 (a) Beginning of Year 1158494 (a) Amount 15000 111356 606 -2142	PA) 00. 1 1 3 6 6 3 3	(b) End of Year 1188795
6a b 7 a b c c 8 a	Complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fit III Financial Information Plan Assets and Liabilities Total plan liabilities 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)	ole assets? an indeper and condition 5500- 7a	(See instructions.) (See instructions.) (dent qualified public accountant (IQ ons.) (SF and must instead use Form 55 (a) Beginning of Year 1158494 (a) Amount 15000 111356 606 -2144	PA) 00. 1 1 3 6 6 3 3	Yes No Yes No No (b) End of Year 1188795 (b) Total
6a b Per 7 a b c c d d e f g	Complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fit III Financial Information Plan Assets and Liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a)	ole assets? an indeper and condition 5500- 7a	(See instructions.) (See instructions.) (dent qualified public accountant (IQ ons.) (SF and must instead use Form 55 (a) Beginning of Year 1158494 (a) Amount 15000 111356 606 -2144	PA) 00. 1 1 3 6 6 3 3	Yes No Yes No No (b) End of Year 1188795 (b) Total
6a b 7 a b c c 8 a b c d e f	Complete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fit III Financial Information Plan Assets and Liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a)	ole assets? an indeper and condition 5500- 7a	(See instructions.) (See instructions.) (dent qualified public accountant (IQ ons.) (SF and must instead use Form 55 (a) Beginning of Year 1158494 (a) Amount 15000 111356 606 -2144	PA) 00. 1 1 3 6 6 3 3	(b) End of Year 1188795 (b) Total

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Par	t IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2A 2E 2F 2G 2J 2K 2T 3D						•
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	tic Cod	des in t	the instructio	ns:	
Par	V Compliance Questions						
10	During the plan year:		Yes	No	А	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		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			· · · · · · · · · · · · · · · · · · ·
С	Was the plan covered by a fidelity bond?	10c	Х				115000
d	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			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х				5739
h	100.050	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				100	
Par	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con	nplete	Sched	iule SI	3 (Form	Yes	X No
	5500))					Yes	=
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction	302 OT	ERISAY	□ 163	<u> </u>
а	(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	ctions	, and e	enter tl Dav	he date of the	∍ letter ru ⁄ear	ling
lf	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		[12b			
·C				12c		•	
d		of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Par	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			~~
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the c			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pla	an(s) to)	·		
	13c(1) Name of plan(s):	<u> </u>	13	c(2) E	IN(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.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule 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 3	4/23/12	MICHAEL G. CAMPBELL
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