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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

| | rension Benefit Guaranty Corporation | ▶ Complete all entries in accord | dance witl | h the instructions to the Form 5500 | 0-SF. | | • | | |
|-------|---|--|--------------|--|---|-------------------|-----------------|-----|--|
| Pa | art I Annual Report Ide | ntification Information | | | | | | | |
| For | calendar plan year 2011 or fiscal | plan year beginning 01/01/201 | 1 | and ending 1 | 2/31/2 | 2011 | | | |
| Α | This return/report is for: | a single-employer plan | a multiple | e-employer plan (not multiemployer) | | a one-particip | ant plan | | |
| В | This return/report is: | the first return/report | the final re | eturn/report | | | | | |
| | | an amended return/report | a short pla | an year return/report (less than 12 mo | onths) | | | | |
| С | Check box if filing under: | Form 5558 | automatic | extension | | DFVC progra | m | | |
| | | special extension (enter description | on) | | | | | | |
| Pa | art II Basic Plan Informa | ation—enter all requested information | ation | | | | | | |
| 1a | Name of plan | | | | 1b | Three-digit | | | |
| FLYII | NG COLORS PAINTING CO. 401 | (K) PROFIT SHARING PLAN | | | | plan number | | | |
| | | | | | _ | (PN) ▶ | 001 | | |
| | | | | | 1c | Effective date of | | | |
| 22 | Dian enoncor's name and address | s; include room or suite number (e | mployer if | for a single employer plan) | 2h | 07/01/ | | | |
| | NG COLORS PAINTING CO. | s, include room of suite number (e | inployer, ii | ioi a single-employer plan | 20 | Employer Identif | | Я | |
| | | | | | 2c | Sponsor's telep | none number | | |
| 6223 | MARTIN WAY E. | | | | | 360-49 | | | |
| | EY, WA 98516 | | | | 2d | Business code (| see instruction | ıs) | |
| | | | | | | 23830 | 0 | | |
| | | ddress (if same as plan sponsor, er 6223 MARTIN | | 2") | 3b | Administrator's E | | | |
| FLYII | NG COLORS PAINTING CO. | LACEY, WAS | | | 91-1120862 3c Administrator's telephone numb | | | | |
| | | | | | 3 | 360-491 | | DCI | |
| 4 | | n sponsor has changed since the l | ast return/i | report filed for this plan, enter the | 4b | EIN | | | |
| _ | name, EIN, and the plan number | r from the last return/report. | | | 4c | DN | | | |
| | Sponsor's name | ne heginning of the plan year | | | | PN | | | |
| b | · · | | | | 5a | | | | |
| | | | | defined handfit plans do not | 5b | | | - | |
| С | · | ount balances as of the end of the p | • (| • | 5с | | | 6 | |
| 6a | Were all of the plan's assets dur | ring the plan year invested in eligib | le assets? | (See instructions.) | | | X Yes | No | |
| b | | | | ndent qualified public accountant (IQI | | | | | |
| | • | - | | ons.) | | | X Yes [| No | |
| _ | | | orm 5500- | SF and must instead use Form 550 | 00. | | | | |
| Pa | rt III Financial Informat | ion | | T | | | | | |
| 7 | Plan Assets and Liabilities | | | (a) Beginning of Year | | (b) End | | | |
| а | Total plan assets | | . 7a | 424282 | | | 430925 | | |
| b | Total plan liabilities | | 7b | 0 | | | 0 | | |
| С | Net plan assets (subtract line 7b | from line 7a) | . 7c | 424282 | | | 430925 | | |
| 8 | Income, Expenses, and Transfer | | | (a) Amount | | (b) T | otal | | |
| а | Contributions received or received | | 95/1) | 1810 | | | | | |
| | ., | | 8a(1) | 30313 | | | | | |
| | • | | ` ' | 0 | | | | | |
| | , , | | 8a(3) | | | | | | |
| b | ` ' | | | -9704 | | | 22440 | | |
| C | | a(2), 8a(3), and 8b) | . 8c | | | | 22419 | | |
| d | Benefits paid (including direct roll to provide benefits) | llovers and insurance premiums | . 8d | 15776 | | | | | |
| е | | e distributions (see instructions) | 8e | 0 | | | | | |
| f | | (salaries, fees, commissions) | . 8f | 0 | | | | | |
| g | Other expenses | · | 8g | 0 | | | | | |
| h | Total expenses (add lines 8d, 8e | e, 8f, and 8g) | | | | | 15776 | | |
| i | Net income (loss) (subtract line 8 | Bh from line 8c) | . 8i | | | | 6643 | | |
| j | Transfers to (from) the plan (see | instructions) | 8j | 0 | | | | | |
| | | | -, | | | | | | |

| | | \circ | 004 | |
|------|-------------|---------|-----|---|
| Form | カカロロ | ->- | ンロコ | - |

| Page 2 - | 1 |
|----------|---|
|----------|---|

| D4 IV | Diam A | Ol 4 ! - 4 ! |
|---------|---------|-----------------|
| Part IV | ı Planı | Characteristics |

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 2J 2K 3D 2G 2T

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

| During the plan year: | | Yes | No | | Α | aur4 | |
|--|-----------------------------------|----------|-------------------------------------|---------|------------|--------------------------|----------|
| During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in | . — | 162 | NO | | Am | ount | |
| 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | X | | | | |
| Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported | | | | | | | |
| on line 10a.) | 10b | | X | | | | |
| Was the plan covered by a fidelity bond? | 10c | Χ | | | | | 400 |
| | | | | | | | |
| Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | X | | | | |
| • Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, | | | | | | | |
| insurance service or other organization that provides some or all of the benefits under the plan? (See | | X | | | | | |
| instructions.) | 10e | ^ | | | | | 49 |
| Has the plan failed to provide any benefit when due under the plan? | 10f | | X | | | | |
| Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10~ | | X | | | | |
| If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR | 10g | | | | | | |
| 2520.101-3.) | 10h | | X | | | | |
| If 10h was answered "Yes," check the box if you either provided the required notice or one of the | 10 | | | | | | |
| exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | X | | | | |
| t VI Pension Funding Compliance | | | | | | | |
| Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co | mnlete | Sched | lule SF | 3 (Form | | | |
| 5500)) | • | Conco | | | | 7 | |
| | | | | • | | Yes | X N |
| | | | | | | Yes Yes | \vdash |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc | | | | | | 1 | Ц_ |
| | le or se | ection 3 | 302 of | ERISA? | } [| Yes | × N |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 | le or se uctions, nth | ction 3 | 302 of | ERISA? | of the le | Yes | X N |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 | le or se uctions, nth | ction 3 | 302 of | ERISA? | of the le | Yes | X N |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 | le or se uctions, nth | and e | 302 of | ERISA? | of the le | Yes | X N |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 | le or se uctions, nth | and e | 302 of enter th Day | ERISA? | of the le | Yes | X N |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Most you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 130. Enter the minimum required contribution for this plan year. | le or se uctions, nth | and e | 302 of enter the Day | ERISA? | of the le | Yes | X N |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Most you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 130. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. | le or se uctions, nth i. | and e | 302 of enter th Day | ERISA? | of the le | Yes | X N |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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. More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 130. 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) | uctions, nth | and e | 302 of enter the Day 12b 12c 12d | ERISA? | of the le | Yes | ing |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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. Mot you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 130. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? | uctions, nth | and e | 302 of enter the Day 12b 12c 12d | ERISA? | of the le | Yes tter rul | X N |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instruction granting the waiver. More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 130. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? | le or se uctions, nth t of a | and e | 302 of enter the Day 12b 12c 12d | ERISA? | of the le | Yes tter rul | ing |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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. More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 130. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? | le or se | , and e | 302 of enter the Day 12b 12c 12d | ERISA? | of the le | Yes tter rul | ing |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instructioning the waiver. Most you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 of Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year. | t of a | and e | 12b 12c 12d | ERISA? | of the le | Yes tter rul | ing |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instructioning the waiver. More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13d Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough | t of a | and e | 12b 12c 12d | ERISA? | of the let | Yes etter rul ar | N/A |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 instructioning the waiver. More you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13d Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC? | t of a | and e | 12b 12c 12d | ERISA? | of the let | Yes tter rul | N/A |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mo you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 penter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? 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 brough of the PBGC?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify | t of a | and e | 12b 12c 12d | ERISA? | of the let | Yes etter rul ar | ing N/ |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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. Moc you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 penter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? 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 brough of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.) | t of a | and e | 12b 12c 12d | ERISA? | of the le | Yes Hetter rul No Yes | N/ |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mo you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 penter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? 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 brough of the PBGC?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify | t of a | and e | 12b 12c 12d | ERISA? | of the le | Yes etter rul ar | N/A |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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. Moc you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 penter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? 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 brough of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.) | t of a | and e | 12b 12c 12d | ERISA? | of the le | Yes Hetter rul No Yes | N/ |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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. Moc you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 penter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? 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 brough of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.) | t of a | and e | 12b 12c 12d | ERISA? | of the le | Yes Hetter rul No Yes | N/ |

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. | 05/10/2012 | DUSTIN WILSON |
|------|---|------------|--|
| 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

| P | art I Annual Report Identification Information | | | | | _ |
|----------|--|---|--------------------------------------|---------------------------------------|--|-------------------|
| For | calendar plan year 2011 or fiscal plan year beginning 0 | 1/01/2 | 011 and ending | | 12/31/201 | 1 |
| Α | This return/report is for: 🛛 a single-employer plan | a multiple | employer plan (not multiemployer) | | a one-particip | ant plan |
| | · | the final re | eturn/report | | | |
| | This retail in open to. | | n year return/report (less than 12 m | onths) | • | |
| _ | H H | - | extension | , | DFVC prograi | m |
| C | Check box if filing under: Form 5558 | | extension | | ☐ 5. 10 p.og.u. | |
| | special extension (enter descriptio | | | | | ········· |
| 304.4 | art II Basic Plan Information—enter all requested information | ation | | 4 h | Thurs alieia | |
| 1a | Name of plan | | | עו | Three-digit plan number | |
| | FLYING COLORS PAINTING CO. 401(K) PROFIT | SHARII | NG . | | (PN)) | 001 |
| | PLAN | | | 1c | Effective date of | plan |
| | | | | | 07/01/2002 | |
| 2a | Plan sponsor's name and address; include room or suite number (er | nployer, if | for a single-employer plan) | 2b | Employer Identif | |
| | FLYING COLORS PAINTING CO. | | | | (EIN) 91-112 | 0862 |
| | | | | 2c | Sponsor's teleph | |
| | | | | | (360) 491- | |
| | 6223 MARTIN WAY E. | | | 2d | Business code (s | see instructions) |
| | LACEY | | WA 98516 | 26 | 238300 | -154 |
| 3a | Plan administrator's name and address (if same as plan sponsor, er ${\rm SAME}$ | iter "Same | ") | SD | Administrator's E | :IN |
| | SAME | | | 3c | Administrator's t | elephone number |
| | | | | | (360) 491- | |
| 4 | If the name and/or EIN of the plan sponsor has changed since the la | ast return/r | eport filed for this plan, enter the | 4b | EIN | |
| | name, EIN, and the plan number from the last return/report. | | | 4. | | |
| | Sponsor's name | | | | PN | 7 |
| 5a | Total number of participants at the beginning of the plan year | | | 5a | | |
| b | | | | 5b | • | 9 |
| Ç | Number of participants with account balances as of the end of the p | lan year (d | defined benefit plans do not | 5c | | 6 |
| | complete this item) | | | · | | X Yes No |
| ba | 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 a | e assets : an indepen | dent qualified public accountant (IO | PA) | | |
| Ŋ | under 29 CFR 2520.104-46? (See instructions on waiver eligibility a | and conditi | ons.) | ••••• | | X Yes No |
| | If you answered "No" to either 6a or 6b, the plan cannot use Fo | orm 5500- | SF and must instead use Form 55 | 00. | | |
| Pa | rt III. Financial Information | to the second | | · · · · · · · · · · · · · · · · · · · | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | | (b) End | |
| а | Total plan assets | 7a | 424,28 | | · | 430,925 |
| b | Total plan liabilities | 7b | | 0 | | 0 |
| <u>c</u> | Net plan assets (subtract line 7b from line 7a) | 7c | 424,28 | 32 | | 430,925 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | 131000415 | (b) T | otal |
| а | Contributions received or receivable from: | | 1,81 | ما | | |
| | (1) Employers | 8a(1) | 30,31 | 231666 | | |
| | (2) Participants | 8a(2) | 30,31 | 7 | | |
| | (3) Others (including rollovers) | 8a(3) | 10 70 | 쒸 | | |
| b | Other income (loss) | 8b | (9,704 | :) (MA | | 22 410 |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | 22,419 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 15,77 | 76 | | |
| _ | Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | |
| e | Administrative service providers (salaries, fees, commissions) | | | ol. | | |
| f | | 8g | | ᆒ | | |
| g | Other expenses | | | | Anna Marie Santial Scientific Straighton | 15,776 |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 20 YE | | 6,643 |
| ĺ | Net income (loss) (subtract line 8h from line 8c) | | | 0 | | |
| | Transfers to (from) the plan (see instructions) | 8j | | | | |

| | Form 5500-SF 2011 Page 2 - | | | | | | |
|---------|---|---|----------|----------|---------------|----------------------|---------|
| | V Plan Characteristics | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charage 2후 2후 2후 2후 2후 3후 3후 2후 | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara | cteristi | c Cod | es in th | ne instructio | ns: | |
| art | V Compliance Questions | | | | | | |
| 10 | During the plan year: | | Yes | No | | Amount | |
| | 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 | | · | 4 | 0,000 |
| 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 | | | |
| e | 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 | : | | ·-· | 496 |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | | Х | | | |
| - | Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | - | Х | | | |
| g | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR | 109 | | | | | |
| 11 | 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 | | Х | | | |
| Part | W. Pension Funding Compliance | | | | . <u>.</u> . | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500)) | • | ******** | | | | X No |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod | e or se | ection | 302 of | ERISA? | Yes | X No |
| | (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. | ıctions | . and e | enter th | ne date of th | e letter rul Year | ling |
| 1.5 | granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 | | | | | | |
| II h | Enter the minimum required contribution for this plan year | | L | 12b | | | |
| | 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) | t of a | | 12d | | <u></u> | |
| _ | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | No | N/A |
| 1100 | VII Plan Terminations and Transfers of Assets | | | | | - | |
| | Has a resolution to terminate the plan been adopted in any plan year? | | | | Yes X N | o | |
| 100 | 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 brough of the PBGC? | t unde: | r the c | ontrol | | 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 | o | | | |
| | 13c(1) Name of plan(s): | _ | 13 | 3c(2) E | 1N(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.

| want in the second seco | | |
|--|---------|---|
| son Tax in Welson | 4-30-12 | DUSTIN WILSON |
| SIGN VOLUME OF Plan administrator | Date | Enter name of individual signing as plan administrator |
| Signature or plan administrator | | |
| SIGN | | Enter name of individual signing as employer or plan sponsor |
| HERE Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan operior. |