## 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

2011

This Form is Open to Public

Inspection

OMB Nos. 1210-0110

1210-0089

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 **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number HAROLD ENTERPRISES, INC. 401(K) RETIREMENT PLAN (PN) ▶ 001 1c Effective date of plan 01/01/1993 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number HAROLD ENTERPRISES, INC 91-1144940 (EIN) 2c Sponsor's telephone number 425-284-5608 11335 NE 122ND WAY, SUITE 105 KIRKLAND, WA 98034 2d Business code (see instructions) 541990 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 91-1144940 11335 NE 122ND WAY, SUITE 105 HAROLD ENTERPRISES, INC. KIRKLAND, WA 98034 3c Administrator's telephone number 425-284-5608 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 25 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 24 complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 2107038 1155289 Total plan assets..... 7a 7b Total plan liabilities..... 2107038 1155289 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 5499 8a(1) (1) Employers ..... 21996 (2) Participants ..... 8a(2) (3) Others (including rollovers)..... 8a(3) -39258 **b** Other income (loss)..... 8b -11763 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 937689 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e 2297 Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 939986 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -951749 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) ......

Form 5500-SF 2011		
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**Plan Characteristics** 

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

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

Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  By 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.)  Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					1	
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Mea there a failure to transmit to the plan any participant contributions within the time po		Yes	No	Α	mount
on line 10a.).  ON Was the plan covered by a fidelity bond?				X		
is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	, , , , , , , , , , , , , , , , , , , ,	·		X		
or dishonesty?  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.)  Has the plan failed to provide any benefit when due under the plan?  Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	Was the plan covered by a fidelity bond?	10c	X			200000
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)  Has the plan failed to provide any benefit when due under the plan?  Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  If 10h is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  If 10h is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  If 10h is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  If 10h is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  If 10h is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  If 10h is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  If 10h is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  If 10h is is an individual account plan was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  If 10h is is an individual account plan was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  If 10h is is an individual account plan have a blackout period? (See instructions and 29 CFR 2520.101-3.)  If 10h is individual account plan participant loans and 29 CFR 2520.101-3.  Individual account plan have any participant loans and 29 CFR 2520.101-3.  Individual account plan have any participant loans and 29 CFR 2520.101-3.  Individual account plan have any participant loans and 29 CFR 2520.101-3.  Individual account plan have any participant loans and 12 Provided the required notice or one of the exceptions to provide an any participant loans and 29 CFR 2520.101-3.  Individual account plan assets that reverted to the left of a partici				X		
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	insurance service or other organization that provides some or all of the benefits under the	e plan? (See		X		
If If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  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.  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.  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.  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.  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.  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.  If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions and complete Schedule SB (Form 5500))  If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions and one pleak SE (Form 5500).  If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions and one pleak SE (Form 5500).  If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions and one of ERISA?  If 10h was answered "Yes," check the box if you either provided the required notice of the ERISA?  If 20h waite the minimum required contribution for this plan year.  If 20h was a defined contribution shall plan 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, an	Has the plan failed to provide any benefit when due under the plan?	10f		X		
2520.101-3.)  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.  It VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)).  Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes Vi (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 instructions, and enter the date of the letter ruling granting the waiver.  Year four completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Definite the minimum required contribution for this plan year.  Definite the amount contributed by the employer to the plan for this plan year.  Definite the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ		
t VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))	• • • • • • • • • • • • • • • • • • • •			X		
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))						
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?    Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?    Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?    Is this a defined contribution plan subject to 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.    Month    Day    Year    Four completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.    Enter the amount contributed by the employer to the plan for this plan year.    Will the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)    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?    Yes    No    It "Yes    No    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)	rt VI Pension Funding Compliance					
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see ins 5500))	tructions and complete	Sched	ule SE	3 (Form	Yes X N
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.  Month Day Year  f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Will the minimum funding amount reported on line 12b. Enter the result (enter a minus sign to the left of a negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?						Yes X N
granting the waiver	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
Enter the minimum required contribution 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 of a negative amount)					T .	
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)  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?  Has a resolution to terminate the plan assets that reverted to the employer this year	Enter the minimum required contribution for this plan year					
Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No No No It VII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year? Yes," enter the amount of any plan assets that reverted to the employer this year 13a  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)				12c		
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	negative amount)					
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	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/A
If "Yes," enter the amount of any plan assets that reverted to the employer this year	t VII Plan Terminations and Transfers of Assets					
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?				\	res X No	
of the PBGC?	Has a resolution to terminate the plan been adopted in any plan year?	1	3a			
which assets or liabilities were transferred. (See instructions.)  13c(1) Name of plan(s):  13c(2) EIN(s)  13c(3) PN(s)				ntrol		Yes X N
	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	r plan, or brought under				
Ition: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.	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 of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another	r plan, or brought under				
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	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 of the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See instructions.)	r plan, or brought under	n(s) to		N(s)	<b>13c(3)</b> PN(s

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/12/2012	MICHAEL PRUETT
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

	art I Annual Report Identification Information				3.0 / 0.0 / 0.0
For		01/01/2	011 and ending		12/31/2011
A ·	This return/report is for: X a single-employer plan	a multiple	employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final re	turn/report		
	an amended return/report	a short pla	n year return/report (less than 12 mo	nths)	
C	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter description	on)			
Pa	art II Basic Plan Information—enter all requested inform	nation			
1a	Name of plan			1b -	Three-digit
	Harold Enterprises, Inc.			•	plan number
	401(k) Retirement Plan		}-		(PN) 001
					Effective date of plan 01/01/1993
2a	Plan sponsor's name and address; include room or suite number (e	employer, if	for a single-employer plan)		Employer Identification Number
	Harold Enterprises, Inc.				(EIN) 91-1144940
				2c 3	Sponsor's telephone number
	11335 NE 122nd Way, Suite 105		<u> </u>		(425) 284-5608
	<del>"</del>				Business code (see instructions)
	Kirkland	nter "Cama	WA 98034		541990
	Plan administrator's name and address (if same as plan sponsor, e SAME	enter Same	'	30 /	Administrator's EIN
			Ī	3c /	Administrator's telephone number
_				41 .	
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	last return/r	eport filed for this plan, enter the	4b	EIN
а	Sponsor's name		1	4c	PN .
5a	Total number of participants at the beginning of the plan year			5a	3.
b	Total number of participants at the end of the plan year			5b	25
	Number of participants at the end of the plan year  Number of participants with account balances as of the end of the				
С	Number of participants with account balances as of the end of the complete this item)	plan year (c	lefined benefit plans do not	5c	24
c 6a	Number of participants with account balances as of the end of the complete this item)	plan year (c	lefined benefit plans do not (See instructions.)	5c	24
c 6a	Number of participants with account balances as of the end of the complete this item)	plan year (cble assets?	lefined benefit plans do not (See instructions.)dent qualified public accountant (IQP	<b>5c</b>	24 X Yes No
c 6a	Number of participants with account balances as of the end of the complete this item).  Were all of the plan's assets during the plan year invested in eligit 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 F	plan year (conditions) ble assets? an indepen	lefined benefit plans do not (See instructions.) dent qualified public accountant (IQPons.)	<b>5c</b>	24 X Yes No
6a b	Number of participants with account balances as of the end of the complete this item)	plan year (conditions) ble assets? an indepen	lefined benefit plans do not (See instructions.) dent qualified public accountant (IQPons.)	<b>5c</b>	24 X Yes No
6a b	Number of participants with account balances as of the end of the complete this item).  Were all of the plan's assets during the plan year invested in eligit 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 F	plan year (conditions) ble assets? an indepen	lefined benefit plans do not (See instructions.) dent qualified public accountant (IQPons.)	<b>5c</b>	24 X Yes No
6a b	Number of participants with account balances as of the end of the 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 Fart III Financial Information	plan year (combined to be assets? an independent and condition 5500-to be asset to be asse	(See instructions.) dent qualified public accountant (IQP ons.)	5c A)	24   X Yes   No   X Yes   No
6a b Pa	Number of participants with account balances as of the end of the complete this item)  Were all of the plan's assets during the plan year invested in eligit 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 Fart III Financial Information  Plan Assets and Liabilities	plan year (combined plan y	(See instructions.)  dent qualified public accountant (IQP ons.)  SF and must instead use Form 550  (a) Beginning of Year  2,107,038	5c (A) (B)	Z Yes   No     No     No     No     No     No     No   No     No
6a b Pa	Number of participants with account balances as of the end of the 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 Fart III Financial Information  Plan Assets and Liabilities  Total plan assets.  Total plan liabilities	plan year (combined to be assets?  an indepen and condition of the community of the communi	(See instructions.)	5c (A) (B)	24   X Yes   No   X Yes   No   (b) End of Year
C 6a b 7 a b c	Number of participants with account balances as of the end of the complete this item).  Were all of the plan's assets during the plan year invested in eligit 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 Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities	plan year (combined to be assets?  an indepen and condition of the community of the communi	(See instructions.)  dent qualified public accountant (IQP ons.)  SF and must instead use Form 550  (a) Beginning of Year  2,107,038	5c (A) (B)	Z Yes   No     No     No     No     No     No     No   No     No
C 6a b Pa 7 a b	Number of participants with account balances as of the end of the complete this item).  Were all of the plan's assets during the plan year invested in eligit 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 Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities	plan year (combined plan y	(See instructions.) dent qualified public accountant (IQPons.) SF and must instead use Form 550  (a) Beginning of Year 2,107,038  2,107,038  (a) Amount	5c (A)	X Yes   No   No   X Yes   No   No   No   No   No   No   No   N
C 6a b 7 a b c	Number of participants with account balances as of the end of the complete this item).  Were all of the plan's assets during the plan year invested in eligit 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 Fart 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	plan year (combined ble assets? an independent and condition 5500-5  7a 7b 7c  8a(1)	(See instructions.) dent qualified public accountant (IQP ons.)  (a) Beginning of Year  2,107,038  (a) Amount	5c (A) (B) (B) (B) (B) (B) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	X Yes   No   No   X Yes   No   No   No   No   No   No   No   N
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C 6a b 7 a b c 8 a b	Number of participants with account balances as of the end of the complete this item).  Were all of the plan's assets during the plan year invested in eligit 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 Fart 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).	plan year (combined plan y	(See instructions.) dent qualified public accountant (IQP ons.)  (a) Beginning of Year  2,107,038  (a) Amount	5c  (A)  0.  3  3  6	
C 6a b Pa 7 a b c 8 a	Number of participants with account balances as of the end of the complete this item)  Were all of the plan's assets during the plan year invested in eligit 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 Fart 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)	plan year (combined plan y	(See instructions.) (See instructions.) dent qualified public accountant (IQP ons.) (a) Beginning of Year 2,107,038 (a) Amount  5,499 21,996	5c (A) 0. 33 36 55	X Yes   No   No   X Yes   No   No   No   No   No   No   No   N
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C 6a b 7 a b c 8 a b c	Number of participants with account balances as of the end of the complete this item).  Were all of the plan's assets during the plan year invested in eligit 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 Fart 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)  Benefits paid (including direct rollovers and insurance premiums to provide benefits).  Certain deemed and/or corrective distributions (see instructions)	plan year (combined by the plan year) ble assets? an independent and condition of the plan independent from 5500-1  7a	(See instructions.) (See instructions.) (dent qualified public accountant (IQP ons.) (a) Beginning of Year 2,107,038 (a) Amount  5,499 21,996 (39,258)	5c (A) 0. 3 3 6	
Pa 7 a b c 8 a b c d	Number of participants with account balances as of the end of the complete this item).  Were all of the plan's assets during the plan year invested in eligit 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 Fart 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)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)	plan year (combined by the plan year) ble assets? an independent and condition of the plan independent from 5500-1  7a	(See instructions.) (See instructions.) dent qualified public accountant (IQP ons.) (a) Beginning of Year 2,107,038 (a) Amount  5,499 21,996	5c (A) 0. 3 3 6	
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Pa 7 a b c 8 a b c d e f	Number of participants with account balances as of the end of the 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 Fart 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 to provide benefits).  Certain deemed and/or corrective distributions (see instructions).  Administrative service providers (salaries, fees, commissions)  Other expenses.  Total expenses (add lines 8d, 8e, 8f, and 8g)	ble assets? an indepen and conditi -orm 5500-3  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(See instructions.) (See instructions.) (dent qualified public accountant (IQP ons.) (a) Beginning of Year 2,107,038 (a) Amount  5,499 21,996 (39,258)	5c (A) 0. 3 3 6	
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e F	Ĭ.	Form 5500-SF 2011	Page <b>2</b> -				_					
Par	t I v	Plan Characteristics										
43 100 200	If th	e plan provides pension benefits, enter the applicable pension fea RE 2F 2G 2J 2K 2T 3D 3H	ature codes from the	e List	of Plan Chara	cteris	stic Co	des in	the instr	uctions	s:	
b	If th	e plan provides welfare benefits, enter the applicable welfare feat	ure codes from the I	List o	of Plan Charac	terist	ic Cod	les in t	he instru	ctions:		
Part	V	Compliance Questions										
10	Du	ing the plan year:					Yes	No		Amo	ount	
а	29	s there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ary Correction Progr	ram)		10a		х				
b		re there any nonexempt transactions with any party-in-interest? ( ine 10a.)				10b		х				
C	W	s the plan covered by a fidelity bond?				10c	Х				2,000	,000
d		the plan have a loss, whether or not reimbursed by the plan's fid ishonesty?				10d		Х				
е	ins	re any fees or commissions paid to any brokers, agents, or other urance service or other organization that provides some or all of to ructions.)	he benefits under th	ne pla	an? (See	10e		х				
f	На	the plan failed to provide any benefit when due under the plan?				10f		Х	e e			
g	Dic	the plan have any participant loans? (If "Yes," enter amount as o	of year end.)			10g		Х				
h		is is an individual account plan, was there a blackout period? (Se 20.101-3.)			MI.	10h		Х	4		9,1	
i		Oh was answered "Yes," check the box if you either provided the eptions to providing the notice applied under 29 CFR 2520.101-3	2.4			10i						
Part	VI	Pension Funding Compliance										
11		is a defined benefit plan subject to minimum funding requiremen							0.00		Yes	X No
12		0))his a defined contribution plan subject to the minimum funding re									Yes	
I dies		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab		JII 4	12 of the code	01 30	CHOIL	502 OI	LINOA	. L	]	
a	If a	waiver of the minimum funding standard for a prior year is being	amortized in this pla									
1.5		nting the waivercomplete lines 3, 9, and 10 of Schedule N				th		Day	,	Yea	ar	
	70	er the minimum required contribution for this plan year					Γ	12b				
		er the amount contributed by the employer to the plan for this pla					-	12c				
c d	Su	er the amount contributed by the employer to the plan for this pla stract the amount in line 12c from the amount in line 12b. Enter th ative amount)	e result (enter a mir	nus s	sign to the left of	of a		12d			1 - 11 - 11 - 11 - 11	
е	10000000	the minimum funding amount reported on line 12d be met by the					-		Yes	П	№ П	N/A
Part		Plan Terminations and Transfers of Assets	, and any addamno									
	-	s a resolution to terminate the plan been adopted in any plan year?		- 10 (0.4150)		000000000000000	******************************	П	Yes X	No		
100		enter the amount of any plan assets that reverted to the em					13a					
b	We	re all the plan assets distributed to participants or beneficiaries, the PBGC?	ransferred to anothe	er pla	n, or brought u	under		ontrol		Г	Yes	X No
C	If c	uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)					ın(s) to	)		-	1,	
	13c(1) Name of plan(s):						13c(2) EIN(s) 13					PN(s)
Cau	tion:	A penalty for the late or incomplete filing of this return/repo	rt will be assessed	unle	ess reasonabl	le ca	use is	estab	lished.			
SB c	r Śc	nalties of perjury and other penalties set forth in the instructions, nedule MB completed and signed by an enrolled actuary, as well strue, correct, and complete.										
610	, I	Michaelle Press	5/3/12	Mi	.chael Pr	uet	t					
SIG	AV. D	Signature of plan administrator	Date		5. All		dividual signing as plan administrator					

5/31/12

Date

SIGN HERE

Signature of employer/plan sponsor

Michael Pruett

Enter name of individual signing as employer or plan sponsor