

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>10/01/2010</u> and ending <u>09/30/2011</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>SUNRISE SERVICES, INC. 401(K) PLAN</u>	1b Three-digit plan number (PN) ► <u>002</u> 1c Effective date of plan <u>10/01/1993</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>SUNRISE SERVICES, INC.</u> <u>PO BOX 2569</u> <u>811 MADISON</u> <u>EVERETT, WA 98213-0558</u> <u>EVERETT, WA 98213-0558</u>	2b Employer Identification Number (EIN) <u>91-1013396</u> 2c Sponsor's telephone number <u>425-347-4082</u> 2d Business code (see instructions) <u>624100</u>

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 accompanying schedules, statements and attachments, 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 HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>07/09/2012</u>	<u>KIM ELDRED</u>
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SUNRISE SERVICES, INC. PO BOX 2569 EVERETT, WA 98213-0558	3b Administrator's EIN 91-1013396 3c Administrator's telephone number 425-347-4082
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	636
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	503
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	35
d Subtotal. Add lines 6a , 6b , and 6c	6d	538
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	539
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	139
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	13
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a 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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning **10/01/2010** and ending **09/30/2011**

A Name of plan SUNRISE SERVICES, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 SUNRISE SERVICES, INC.	D Employer Identification Number (EIN) 91-1013396	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FID.INV.INST.OPS.CO.
04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 60	RECORDKEEPER	325	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLNZ NFJ DIV VAL AD - BOSTON FINAN	0.35%	
04-2526037		
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTISAN MID CAP VAL - STATE STREET 200 CLARENDON STREET BOSTON, MA 02116	0.40%	
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COL MAR 21ST CENT Z - COLUMBIA MGT	0.40%	
04-2838628		

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COL/ACORN SELECT Z - COLUMBIA MGT I 04-2838628	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS OVERSEAS S - JANUS SERVICES L 43-1804048	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
KEELEY SMALL CAP VAL - US BANCORP F 39-0281260	0.40%	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ROYCE VALUE PLUS SER - BOSTON FINAN 04-2526037	0.45%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011		
A Name of plan SUNRISE SERVICES, INC. 401(K) PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 SUNRISE SERVICES, INC.		D Employer Identification Number (EIN) 91-1013396

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	11309	0
(2) Participant contributions	1b(2)	17689	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	282413	268940
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2369908	2446761
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2681319	2715701

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2681319	2715701
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	78281	
(B) Participants	2a(1)(B)	201774	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		280055
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	36	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		36
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	63460	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		63460
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-72550
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		271001

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	233025	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		233025
f Corrective distributions (see instructions)	2f		3194
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	400	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		400
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		236619

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		34382
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MCGOORTY EISENMAN INC. PS

(2) EIN: 26-0278750

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
4a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
4b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
4c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4e Was this plan covered by a fidelity bond?.....	X		1000000
4f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
4j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
4k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
4l Has the plan failed to provide any benefit when due under the plan?		X	
4m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
4n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan <u>SUNRISE SERVICES, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUNRISE SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>91-1013396</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

SUNRISE SERVICES, INC.
401(K) PLAN

INDEPENDENT AUDITORS' REPORT
AND
FINANCIAL STATEMENTS

YEAR ENDED SEPTEMBER 30, 2011

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INDEPENDENT AUDITORS' REPORT

To the Trustees
Sunrise Services, Inc. 401(k) Plan

We were engaged to audit the accompanying statement of net assets available for benefits of Sunrise Services, Inc. 401(k) Plan as of September 30, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended September 30, 2011 and the supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year), referred to as “supplemental information”, as of September 30, 2011. These financial statements and schedule are the responsibility of the Plan’s management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fidelity Management Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that Fidelity Management Trust Company held the Plan’s investment assets and executed investment transactions for the period October 1, 2010 through September 30, 2011. The plan administrator has obtained a certification from the custodian as of and for the year ended September 30, 2011, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McGoorty Eisenman, Inc PS

July 9, 2012
Everett, Washington

SUNRISE SERVICES, INC. 401(K) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF SEPTEMBER 30, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
ASSETS		
Receivables		
Participant deferrals	\$ 17,710	\$ 17,689
Employer's match contribution	<u>12,269</u>	<u>11,309</u>
Total receivables	29,979	28,998
Investments at fair value	<u>2,715,701</u>	<u>2,652,321</u>
Total assets	2,745,680	2,681,319
LIABILITIES	<u>-</u>	<u>-</u>
Net assets available for benefits	<u>\$ 2,745,680</u>	<u>\$ 2,681,319</u>

The accompanying notes are an integral part of these financial statements.

SUNRISE SERVICES, INC. 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED SEPTEMBER 30, 2011

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Contributions:

Employer	\$ 90,551
Participants	<u>219,483</u>
	310,034

Net investment income	<u>63,496</u>
-----------------------	---------------

Total additions	<u>373,530</u>
-----------------	----------------

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Unrealized depreciation in fair value of registered investment companies	72,550
---	--------

Distributions to participants	236,219
Administrative expenses	<u>400</u>

Total deductions	<u>309,169</u>
------------------	----------------

NET INCREASE IN NET ASSETS	64,361
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NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>2,681,319</u>
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End of year	<u>\$ 2,745,680</u>
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The accompanying notes are an integral part of these financial statements.

SUNRISE SERVICES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2011

1. DESCRIPTION OF PLAN

The following description provides only general information concerning the Sunrise Services, Inc. 401(k) Plan (Plan). Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 401(k) and profit sharing plan sponsored and administered by Sunrise Services, Inc. (Company). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participation and vesting

Employees over the age of 21 are eligible to participate upon completing one year of service with the Company. Participants vest in Company contributions at the rates specified in the Plan document, and are fully vested at the end of six years of service. All contributions are 100% nonforfeitable upon the attainment of normal retirement age or termination of employment due to death or disability. Participant 401(k) deferrals and eligible rollovers are 100% vested upon contribution to the Plan.

Contributions

The Plan allows for discretionary contributions by the Company based on operating results. Contributions are subject to certain limitations. The Company may match participant deferrals and/or make a discretionary profit sharing contribution. For the year ended September 30, 2011, the Company matched 50% of participant deferrals on the first 12% of the participant's annual salary. The Company did not make a discretionary profit sharing contribution for the year ended September 30, 2011.

Participant accounts

Each participant's account is credited with the participant's deferral contribution and an allocation of (a) the Company's discretionary and/or matching contribution and (b) Plan earnings net of expenses. Allocations of discretionary contributions, if any, are based on compensation, as defined. All investments are participant directed and as such earnings are allocated based on performance of investments held. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Payment of benefits

Upon termination of service due to death, disability or other termination of employment, and upon reaching normal retirement age, as defined, participants are entitled to receive distributions in lump-sums, installments, or annuity payments.

Forfeited accounts

At September 30, 2011, forfeited non-vested accounts totaled \$1,497. These will be used to reduce future Company contributions. Company contributions were reduced by \$14,002 in forfeitures during the plan year ended September 30, 2011.

SUNRISE SERVICES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2011

1. DESCRIPTION OF PLAN (continued)

Plan expenses

The Plan's sponsor absorbs the significant administrative costs of the Plan.

Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Valuation of investments and income recognition

At September 30, 2011 and 2010, the Plan's investments are held in shares of registered investment companies (mutual funds). The shares are valued at fair value based on quoted market prices as determined and certified by Fidelity Management Trust Company. Investment income or loss is comprised of realized gains or losses on shares sold, interest and dividends earned and the unrealized appreciation or depreciation of the shares held at year end.

Use of estimates

The preparation of the financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements. Actual results could differ from those estimates.

Payment of benefits

Benefits are recorded when paid.

Tax status

The Plan obtained its latest determination letter on November 17, 2003, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

3. RISKS AND UNCERTAINTIES

The Plan provides for various investment alternatives in funds of registered investment companies. The underlying investment securities of these funds are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to the changes in the value of investment securities, it is at least reasonably possible that changes in risk in the near term could materially affect participants' account balances and, correspondingly, the amounts reported on the statements of net assets available for benefits and changes in net assets available for benefits.

SUNRISE SERVICES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2011

4. INVESTMENTS

Plan investments that represent 5% or more of the Plan's net assets are as follows:

	2011	2010
<u>Fidelity Management Trust Company:</u>		
Fidelity Freedom 2010 Fund	\$ -	\$ 149,643
Fidelity Freedom 2020 Fund	719,098	667,762
Fidelity Retirement Money Market Portfolio	268,940	282,413
Fidelity Freedom 2015 Fund	835,965	804,145
Fidelity Freedom 2025 Fund	205,063	191,500

All investments are participant directed.

5. FAIR VALUE MEASUREMENTS

Generally accepted accounting principles define fair value as the amount that would be received from the sale of an asset or paid for the transfer of a liability in an orderly transaction between market participants. The standard also establishes a fair value hierarchy that prioritizes the inputs used to measure fair value. This hierarchy consists of three broad levels:

Level 1: Quoted prices in active markets for identical securities.

Level 2: Other significant observable inputs including quoted prices for similar securities, interest rates, etc.

Level 3: Significant unobservable inputs including the Trustee's own assumptions in determining the fair value of investments.

When available, the Plan's assets are measured fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. The inputs and methodology used for valuing the Plan's financial assets and liabilities are not indicators of the risks associated with those instruments. Fair values of assets and liabilities measured on a recurring basis at September 30, 2011 were as follows:

		<u>Fair Value Measurements at Reporting Date using:</u>		
		<u>Quoted Prices</u>		
		in Active Markets for Identical Assets		
		Significant Other Observable Inputs (Level 2)		
		Significant Unobservable Inputs (Level 3)		
	<u>Fair Value</u>	<u>(Level 1)</u>	<u>Inputs (Level 2)</u>	<u>Inputs (Level 3)</u>
<u>September 30, 2011</u>				
Registered investment companies	\$ 2,383,381	\$ 2,383,381	\$ -	\$ -
<u>September 30, 2010</u>				
Registered investment companies	\$ 2,433,288	\$ 2,433,288	\$ -	\$ -

SUNRISE SERVICES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2011

6. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The Plan administrator has obtained a certification from Fidelity Management Trust Company, the Plan custodian, that the following information furnished by the custodians and included in the accompanying financial statements and supplemental schedule is complete and accurate.

	2011	2010
Investments at fair value	\$ 2,715,701	\$ 2,652,321
Net investment gain (loss)	(90,700)	196,126

7. SEPARATED PARTICIPANTS

At September 30, 2011, nine participants with accounts totaling \$40,218 had elected to withdraw from the plan but had not yet been paid.

8. PLAN AMENDMENTS

The Plan was amended to change the service requirements for eligibility and vesting purposes. A year of service is defined as any year in which the participant worked at least one hour.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Net assets available for benefits per the financial statements differs from those reported on Form 5500 as follows:

	2011	2010
Net assets available for benefits per the financial statements	\$ 2,745,680	\$ 2,681,319
Participant deferrals receivable	(17,710)	-
Employer's match contribution receivable	(12,269)	-
Net assets available for benefits per Form 5500	<u>\$ 2,715,701</u>	<u>\$ 2,681,319</u>

10. SUBSEQUENT EVENTS

The Plan administrator has evaluated subsequent events up through July 9, 2012, the date the financial statements were available for issue.

SUPPLEMENTAL SCHEDULE

SUNRISE SERVICES, INC. 401(K) PLAN
SCHEDULE OF ASSETS (HELD AT YEAR END)
YEAR ENDED SEPTEMBER 30, 2011

Sunrise Services, Inc. 401(K) Plan

Attachment to Form 5500, Schedule H, line 4i - Schedule of Assets (Held at Year End)

EIN: 91-1013396

Plan number: 002

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Keeley	Small Cap Value Fund	n/a	\$ 454
	Allianz NFJ	Dividend Value Added	n/a	1,574
	Artisan	Mid Cap Value Fund	n/a	4,303
	Columbia Acorn	Select	n/a	93
	Royce	Value Plus Fund	n/a	765
	Janus	Overseas Fund	n/a	14,354
	Fidelity Investments	Capital and Income Fund	n/a	94,653
	Fidelity Investments	Leveraged Company Stock Fund	n/a	5,951
	Fidelity Investments	Balanced Fund	n/a	44,531
	Fidelity Investments	International Discovery Fund	n/a	336
	Fidelity Investments	Capital Appreciation	n/a	1,644
	Fidelity Investments	Disciplined Equity	n/a	63,879
	Fidelity Investments	Stock Select Small Cap	n/a	472
	Fidelity Investments	Freedom Income Fund	n/a	29,015
	Fidelity Investments	Freedom 2010 Fund	n/a	98,065
	Fidelity Investments	Freedom 2020 Fund	n/a	719,098
	Fidelity Investments	Freedom 2030 Fund	n/a	91,105
	Spartan	International Index	n/a	10
	Spartan	Extended Market Index Investment	n/a	1,112
	Fidelity Investments	Retirement Money Market Portfolio	n/a	268,940
	Spartan	500 Index	n/a	73,230
	Fidelity Investments	Freedom 2040 Fund	n/a	34,772
	Fidelity Investments	Total Bond Fund	n/a	12,269
	Fidelity Investments	Freedom 2005 Fund	n/a	4,678
	Fidelity Investments	Freedom 2015 Fund	n/a	835,965

Investment cost information has not been included as all investments are participant directed.

SUNRISE SERVICES, INC.
401(K) PLAN

INDEPENDENT AUDITORS' REPORT
AND
FINANCIAL STATEMENTS

YEAR ENDED SEPTEMBER 30, 2011

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INDEPENDENT AUDITORS' REPORT

To the Trustees
Sunrise Services, Inc. 401(k) Plan

We were engaged to audit the accompanying statement of net assets available for benefits of Sunrise Services, Inc. 401(k) Plan as of September 30, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended September 30, 2011 and the supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year), referred to as “supplemental information”, as of September 30, 2011. These financial statements and schedule are the responsibility of the Plan’s management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fidelity Management Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that Fidelity Management Trust Company held the Plan’s investment assets and executed investment transactions for the period October 1, 2010 through September 30, 2011. The plan administrator has obtained a certification from the custodian as of and for the year ended September 30, 2011, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McGoorty Eisenman, Inc PS

July 9, 2012
Everett, Washington

SUNRISE SERVICES, INC. 401(K) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF SEPTEMBER 30, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
ASSETS		
Receivables		
Participant deferrals	\$ 17,710	\$ 17,689
Employer's match contribution	<u>12,269</u>	<u>11,309</u>
Total receivables	29,979	28,998
Investments at fair value	<u>2,715,701</u>	<u>2,652,321</u>
Total assets	2,745,680	2,681,319
LIABILITIES	<u>-</u>	<u>-</u>
Net assets available for benefits	<u>\$ 2,745,680</u>	<u>\$ 2,681,319</u>

The accompanying notes are an integral part of these financial statements.

SUNRISE SERVICES, INC. 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED SEPTEMBER 30, 2011

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Contributions:

Employer	\$ 90,551
Participants	<u>219,483</u>
	310,034

Net investment income	<u>63,496</u>
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Total additions	<u>373,530</u>
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DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Unrealized depreciation in fair value of registered investment companies	72,550
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Distributions to participants	236,219
Administrative expenses	<u>400</u>

Total deductions	<u>309,169</u>
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NET INCREASE IN NET ASSETS	64,361
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NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>2,681,319</u>
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End of year	<u>\$ 2,745,680</u>
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The accompanying notes are an integral part of these financial statements.

SUNRISE SERVICES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2011

1. DESCRIPTION OF PLAN

The following description provides only general information concerning the Sunrise Services, Inc. 401(k) Plan (Plan). Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 401(k) and profit sharing plan sponsored and administered by Sunrise Services, Inc. (Company). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participation and vesting

Employees over the age of 21 are eligible to participate upon completing one year of service with the Company. Participants vest in Company contributions at the rates specified in the Plan document, and are fully vested at the end of six years of service. All contributions are 100% nonforfeitable upon the attainment of normal retirement age or termination of employment due to death or disability. Participant 401(k) deferrals and eligible rollovers are 100% vested upon contribution to the Plan.

Contributions

The Plan allows for discretionary contributions by the Company based on operating results. Contributions are subject to certain limitations. The Company may match participant deferrals and/or make a discretionary profit sharing contribution. For the year ended September 30, 2011, the Company matched 50% of participant deferrals on the first 12% of the participant's annual salary. The Company did not make a discretionary profit sharing contribution for the year ended September 30, 2011.

Participant accounts

Each participant's account is credited with the participant's deferral contribution and an allocation of (a) the Company's discretionary and/or matching contribution and (b) Plan earnings net of expenses. Allocations of discretionary contributions, if any, are based on compensation, as defined. All investments are participant directed and as such earnings are allocated based on performance of investments held. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Payment of benefits

Upon termination of service due to death, disability or other termination of employment, and upon reaching normal retirement age, as defined, participants are entitled to receive distributions in lump-sums, installments, or annuity payments.

Forfeited accounts

At September 30, 2011, forfeited non-vested accounts totaled \$1,497. These will be used to reduce future Company contributions. Company contributions were reduced by \$14,002 in forfeitures during the plan year ended September 30, 2011.

SUNRISE SERVICES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2011

1. DESCRIPTION OF PLAN (continued)

Plan expenses

The Plan's sponsor absorbs the significant administrative costs of the Plan.

Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Valuation of investments and income recognition

At September 30, 2011 and 2010, the Plan's investments are held in shares of registered investment companies (mutual funds). The shares are valued at fair value based on quoted market prices as determined and certified by Fidelity Management Trust Company. Investment income or loss is comprised of realized gains or losses on shares sold, interest and dividends earned and the unrealized appreciation or depreciation of the shares held at year end.

Use of estimates

The preparation of the financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements. Actual results could differ from those estimates.

Payment of benefits

Benefits are recorded when paid.

Tax status

The Plan obtained its latest determination letter on November 17, 2003, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

3. RISKS AND UNCERTAINTIES

The Plan provides for various investment alternatives in funds of registered investment companies. The underlying investment securities of these funds are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to the changes in the value of investment securities, it is at least reasonably possible that changes in risk in the near term could materially affect participants' account balances and, correspondingly, the amounts reported on the statements of net assets available for benefits and changes in net assets available for benefits.

SUNRISE SERVICES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2011

4. INVESTMENTS

Plan investments that represent 5% or more of the Plan's net assets are as follows:

	2011	2010
<u>Fidelity Management Trust Company:</u>		
Fidelity Freedom 2010 Fund	\$ -	\$ 149,643
Fidelity Freedom 2020 Fund	719,098	667,762
Fidelity Retirement Money Market Portfolio	268,940	282,413
Fidelity Freedom 2015 Fund	835,965	804,145
Fidelity Freedom 2025 Fund	205,063	191,500

All investments are participant directed.

5. FAIR VALUE MEASUREMENTS

Generally accepted accounting principles define fair value as the amount that would be received from the sale of an asset or paid for the transfer of a liability in an orderly transaction between market participants. The standard also establishes a fair value hierarchy that prioritizes the inputs used to measure fair value. This hierarchy consists of three broad levels:

Level 1: Quoted prices in active markets for identical securities.

Level 2: Other significant observable inputs including quoted prices for similar securities, interest rates, etc.

Level 3: Significant unobservable inputs including the Trustee's own assumptions in determining the fair value of investments.

When available, the Plan's assets are measured fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. The inputs and methodology used for valuing the Plan's financial assets and liabilities are not indicators of the risks associated with those instruments. Fair values of assets and liabilities measured on a recurring basis at September 30, 2011 were as follows:

		<u>Fair Value Measurements at Reporting Date using:</u>		
		Quoted Prices		
		in Active	Significant	
		Markets for	Other	Significant
		Identical Assets	Observable	Unobservable
	<u>Fair Value</u>	<u>(Level 1)</u>	<u>Inputs (Level 2)</u>	<u>Inputs (Level 3)</u>
<u>September 30, 2011</u>				
Registered investment companies	\$ 2,383,381	\$ 2,383,381	\$ -	\$ -
<u>September 30, 2010</u>				
Registered investment companies	\$ 2,433,288	\$ 2,433,288	\$ -	\$ -

SUNRISE SERVICES, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2011

6. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The Plan administrator has obtained a certification from Fidelity Management Trust Company, the Plan custodian, that the following information furnished by the custodians and included in the accompanying financial statements and supplemental schedule is complete and accurate.

	2011	2010
Investments at fair value	\$ 2,715,701	\$ 2,652,321
Net investment gain (loss)	(90,700)	196,126

7. SEPARATED PARTICIPANTS

At September 30, 2011, nine participants with accounts totaling \$40,218 had elected to withdraw from the plan but had not yet been paid.

8. PLAN AMENDMENTS

The Plan was amended to change the service requirements for eligibility and vesting purposes. A year of service is defined as any year in which the participant worked at least one hour.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Net assets available for benefits per the financial statements differs from those reported on Form 5500 as follows:

	2011	2010
Net assets available for benefits per the financial statements	\$ 2,745,680	\$ 2,681,319
Participant deferrals receivable	(17,710)	-
Employer's match contribution receivable	(12,269)	-
Net assets available for benefits per Form 5500	<u>\$ 2,715,701</u>	<u>\$ 2,681,319</u>

10. SUBSEQUENT EVENTS

The Plan administrator has evaluated subsequent events up through July 9, 2012, the date the financial statements were available for issue.

SUPPLEMENTAL SCHEDULE

SUNRISE SERVICES, INC. 401(K) PLAN
SCHEDULE OF ASSETS (HELD AT YEAR END)
YEAR ENDED SEPTEMBER 30, 2011

Sunrise Services, Inc. 401(K) Plan

Attachment to Form 5500, Schedule H, line 4i - Schedule of Assets (Held at Year End)

EIN: 91-1013396

Plan number: 002

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Keeley	Small Cap Value Fund	n/a	\$ 454
	Allianz NFJ	Dividend Value Added	n/a	1,574
	Artisan	Mid Cap Value Fund	n/a	4,303
	Columbia Acorn	Select	n/a	93
	Royce	Value Plus Fund	n/a	765
	Janus	Overseas Fund	n/a	14,354
	Fidelity Investments	Capital and Income Fund	n/a	94,653
	Fidelity Investments	Leveraged Company Stock Fund	n/a	5,951
	Fidelity Investments	Balanced Fund	n/a	44,531
	Fidelity Investments	International Discovery Fund	n/a	336
	Fidelity Investments	Capital Appreciation	n/a	1,644
	Fidelity Investments	Disciplined Equity	n/a	63,879
	Fidelity Investments	Stock Select Small Cap	n/a	472
	Fidelity Investments	Freedom Income Fund	n/a	29,015
	Fidelity Investments	Freedom 2010 Fund	n/a	98,065
	Fidelity Investments	Freedom 2020 Fund	n/a	719,098
	Fidelity Investments	Freedom 2030 Fund	n/a	91,105
	Spartan	International Index	n/a	10
	Spartan	Extended Market Index Investment	n/a	1,112
	Fidelity Investments	Retirement Money Market Portfolio	n/a	268,940
	Spartan	500 Index	n/a	73,230
	Fidelity Investments	Freedom 2040 Fund	n/a	34,772
	Fidelity Investments	Total Bond Fund	n/a	12,269
	Fidelity Investments	Freedom 2005 Fund	n/a	4,678
	Fidelity Investments	Freedom 2015 Fund	n/a	835,965

Investment cost information has not been included as all investments are participant directed.