Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

r		dance with	the instructions to the Form 5500)-SF.		•
P	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending 1	2/31/2	011	
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)	Ī	a one-particip	oant plan
			eturn/report	L		•
			·	ntha)		
		•	in year return/report (less than 12 mo	ontns)	_	
С	Check box if filing under:	automatic	extension		DFVC progra	ım
	special extension (enter description	n)				
Pa	art II Basic Plan Information—enter all requested informa	ation				
1a	Name of plan			1b	Three-digit	
	S-BACON PENSION MARKETING, INC. PENSION PLAN & TRUST	•			plan number	
					(PN) •	001
				1c	Effective date of	f plan
					01/01	/2009
	Plan sponsor's name and address; include room or suite number (en	mployer, if	for a single-employer plan)		Employer Identi	
DAV	IS-BACON PENSION MARKETING, INC.				(EIN) 91-21	06125
				2c	Sponsor's telep	
	0 REDMOND WAY				425-889	
	E 203 MOND, WA 98052			2d		see instructions)
					52429	
	Plan administrator's name and address (if same as plan sponsor, en S-BACON PENSION MARKETING, INC. 15600 REDMO			3b	Administrator's I	EIN 06125
DAVI	S-BACON PENSION MARKETING, INC. 15600 REDMO SUITE 203	OND WAY	-	20		
	REDMOND, V	VA 98052		30	425-889	elephone number 9-8855
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	FIN	
	name, EIN, and the plan number from the last return/report.	201 101011111	open med for time plant, enter the	70	LIIV	
а	Sponsor's name			4c	PN	
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			5b		
С	Number of participants with account balances as of the end of the pl		 	UD	1	
•	complete this item)	• (·	5c		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes No
b	Are you claiming a waiver of the annual examination and report of a	an indeper	dent qualified public accountant (IQF	PA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)			X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	0.		
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets	7a	563995			944144
b	Total plan liabilities	7b	0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	563995			944144
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
a	Contributions received or receivable from:		(4) /		(,	
	(1) Employers	8a(1)	390000			
	(2) Participants	8a(2)	0			
	(3) Others (including rollovers)	8a(3)	0			
b	Other income (loss)	8b	-9851			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				380149
d	Benefits paid (including direct rollovers and insurance premiums	- OC				
u	to provide benefits)	8d	0			
е	Certain deemed and/or corrective distributions (see instructions)	8e	0			
f	Administrative service providers (salaries, fees, commissions)	8f	0			
	Other expenses		0			
g	·	8g				0
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				
!	Net income (loss) (subtract line 8h from line 8c)	8i				380149
J	Transfers to (from) the plan (see instructions)	8j	0			

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Form	5500	-S-	2011	

Page 2 -	1	
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Part IV	Plan	Charact	tarietice

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V	Compliance Questions							
0	Durir	ng the plan year:		Yes	No		Amo	ount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c	X					100000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		Х				
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See auctions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х				
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance		•		•			
11	Is this	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					X	Yes	No
2		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	If a w	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th					tter ruli	
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			401-				
		r the minimum required contribution for this plan year		_	12b				
		r the amount contributed by the employer to the plan for this plan year			12c				
u		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)			12d				7
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No	N/A
art	VII	Plan Terminations and Transfers of Assets					_		
3a	Has a	a resolution to terminate the plan been adopted in any plan year?	····· <u>···</u>			Yes X	No		
	lf "Υ∈	es," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co	ntrol			Yes	X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th h assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	١				
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)		13c(3)	PN(s)
aut	ion: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	olished.			
Jnde	r pena	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu-	urn/rep	oort, ir	cludii	ng, if app			
		and the contract of the contra					-	_	

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/10/2012	DAN SWEENEY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/10/2012	DAN SWEENEY
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension Benefit Guaranty Corporation

Employee Benefits Security Administration

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

								File as a	an attach	ment	t to Form	5500 or	5500-	SF.						
Fo	r calen	ndar p	lan yea	r 2011	or fisc	cal plan ye	ear I	beginning 0°	1/01/2011	1				and end	ing	12/31/2	2011			
						it dollar. ill be asse	ess	ed for late filing o	of this repo	ort un	less reaso	onable ca	ause is	s establish	ied.					
	Name VIS-B			SION M.	ARKE	TING, INC	C. F	PENSION PLAN 8	& TRUST				В	Three-di plan nun	•	PN))		001	
						on line 2a TING, INC		Form 5500 or 550	00-SF					Employer -2106125	Identi	fication	Numb	er (E	IN)	
E	Type o	f plan	: X Si	ngle	Mu	ultiple-A	П	Multiple-B		F Pri	ior year pla	n size:	X 100	or fewer	10	01-500	Мо	ore th	an 500	
P	art I	B	asic l	nform	natio	n														
1			valuation				/lont	th <u>12</u>	Day31		Year 2	2011								
2	Ass								,				_							
	а	Mark	cet value	e											2	a				554046
	b	Actu	arial val	lue											2	b				554046
3	Fun	ding t	target/pa	articipa	nt cou	ınt breakd	low	n:				(1) N	lumbe	er of partic	ipants			(2) F	unding Ta	rget
	а	For	retired p	oarticipa	ants a	nd benefi	ciar	ies receiving pay	ment	[3a					0				(
	b	For	termina	ted ves	sted pa	articipants	S				3b					0				(
	С	For	active p	articipa	ants:															
		(1)	Non-ve	ested b	enefit	s					3c(1)									(
		(2)								_	3c(2)									510687
		(3)									3c(3)					2				510687
	d										3d					2				510687
4	If the							x and complete li					ш							
	а		•		Ū	٠.		d at-risk assumpt							-	·a				
	b							nptions, but disregecutive years and								b				
5	Effe															5				5.14 %
6	Targ	get no	ormal co	st											(6				255258
Sta	To the baccorda	est of i	th applicat	edge, the i	informat nd regula	ations. In my	opini	is schedule and accom ion, each other assump ce under the plan.												
	SIGN IERE																05/0	03/20	12	
						Signat	ure	of actuary									Da	te		
RO	BERT	M. H	ANESS										_				11-	-0494	15	
HAI	NESS	& AS	SOCIAT	ΓES, LL		ype or prii	nt n	ame of actuary							Мс	st rece			nt numbei -9830	r
	B 6 1 1	005				Fi	irm	name						Т	elepho	one nui	mber (i	ncluc	ding area	code)
	. BOX CKLIN		95677																	
						Addre	ess	of the firm					_							
If the	e actua	arv ha	as not fu	ılly refle	ected :	anv regula	atior	n or ruling promul	lgated un	der th	ne statute	in compl	etina t	his sched	ule. ch	eck the	e box a	ınd se		П
	uctions	•		,		,			J & WIII				· ·		, 01					Ц

Page 2	2 - 1
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Pa	rt II	Begir	ning of year	carryove	er and prefunding ba	lances						
	•					-	(a) C	Carryover balance		(b)	Prefundii	ng balance
		•			cable adjustments (line 13 f				0			4765
8				•	unding requirement (line 35				0			0
9	Amount	t remainii	ng (line 7 minus li	ne 8)					0			4765
10	Interest	on line 9	using prior year's	actual ret	urn of17.58%				0			838
11					I to prefunding balance:							
	a Pres	sent valu	e of excess contri	butions (lin	e 38 from prior year)							117348
					rate of% excep							0
	C Tota	al availabl	e at beginning of c	urrent plan y	ear to add to prefunding bala	ance						117348
	d Port	tion of (c)	to be added to p	efunding b	alance							117348
12	Other re	eductions	s in balances due	to elections	s or deemed elections				0			0
13	Balance	e at begir	nning of current ye	ear (line 9 +	- line 10 + line 11d – line 12	:)			0			122951
Pa	art III	Fun	ding percenta	ages								
14	Funding	_									14	84.41 %
15	Adjuste	d funding	g target attainmen	t percentag	je						15	122.65 %
	current year's funding requirement										100.88 %	
17	If the cu	urrent val	ue of the assets o	f the plan i	s less than 70 percent of the	e funding tar	get, enter s	uch percentage			17	%
Pá	art IV	Con	tributions an	d liquidi	ty shortfalls							
18	Contrib	_			ear by employer(s) and em	ployees:						
(M	(a) Dat M-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) D (MM-DD		(b) Amount pai employer(s		(c) Amou	nt paid by byees
02	/15/2011			2178	0							
03	/29/2012	2		387822	0							
						Totals ►	18(b)		390000	18(c)		0
19	Discour	nted emp	loyer contribution:	s – see inst	ructions for small plan with	a valuation	date after th	e beginning of the	year:			
	a Contr	ributions	allocated toward	unpaid min	imum required contributions	s from prior y	ears		19a			0
	b Contr	ributions	made to avoid res	strictions ac	djusted to valuation date				19b			0
	C Contr	ributions a	allocated toward m	nimum requ	uired contribution for current y	ear adjusted	to valuation	date	19c			385400
20	Quarter	ly contrib	outions and liquidi	y shortfalls	:							_
	a Did tl	he plan h	ave a "funding sh	ortfall" for t	he prior year?							Yes X No
	b If 20a	a is "Yes,	" were required q	uarterly ins	tallments for the current yea	ar made in a	timely man	ner?				Yes No
	C If 20a	a is "Yes,	" see instructions	and compl	ete the following table as ap	oplicable:						
		(4)			Liquidity shortfall as of e	nd of quarte		-			(4)	
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4th	<u> </u>

Pa	rt V	Assumptio	ns used to determ	nine f	unding target and tar	get ı	normal cost		
21	Disco	ount rate:							
	a Se	egment rates:	1st segment: 1.99%		2nd segment: 5.12%		3rd segment: 6.24 %		N/A, full yield curve used
	b At	policable month	(enter code)					21b	0
22								22	66
23		ality table(s) (see		_	escribed - combined	7	scribed - separate	Substitu	
		1	_				oomood coparate		
		Miscellane							
			•		uarial assumptions for the co		•		· · · · · · · · · · · · · · · · · · ·
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X No
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment	X Yes No
27			,		nding rules, enter applicable			27	
	rt VII				ım required contribut				
					years			28	0
<u>29</u>					I unpaid minimum required o			29	0
30	Rema	aining amount of	funpaid minimum requir	ed cor	ntributions (line 28 minus line	29)		30	0
Pa	rt VIII	Minimum	required contribu	tion f	for current year				
31	Targe	et normal cost a	nd excess assets (see ir	nstruct	ions):				
	a Tai	rget normal cost	(line 6)					31a	255258
	b Ex	cess assets, if a	applicable, but not greate	er than	31a			31b	0
32	Amor	tization installme	ents:				Outstanding Bala	ince	Installment
	a Ne	et shortfall amort	ization installment					0	0
	b Wa	aiver amortizatio	on installment					0	0
33					ter the date of the ruling lette			33	0
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	255258
		3 - 1 - 1			Carryover balance		Prefunding bala	l	Total balance
35	Ralan	ocas elected for i	use to offset funding		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3		
00						0		0	0
36	Additi	ional cash requir	rement (line 34 minus lir	ne 35).				36	255258
37	Contr	ributions allocate	ed toward minimum requ	ired co	ontribution for current year a	djuste	d to valuation date	37	385400
38			ess contributions for curr					<u> </u>	
								38a	130142
		•			prefunding and funding star			38b	0
39					ear (excess, if any, of line 36		•	39	0
40					5		,	40	
	rt IX				ension Relief Act of 20			1 1	
					ursuant to an alternative amo		•		
			-						2 plus 7 years 15 years
					41a was made				
42		, , , ,	,					42	
					d over to fisture plen veers				
43	⊏xces	ss installment ac	celeration amount to be	carrie	d over to future plan years			43	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 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

_		t Identification Information	<u> </u>					
For	the calendar plan year 2011 c	or fiscal plan year beginning	01/0	1/2011	and ending	12	/31/2011	
Α	This return/report is for:	x a single-employer plan	a multiple-	employer plan	(not multiemployer)	Γ	a one-participa	ınt plan
В	This return/report is:	the first return/report	The final re	turn/report		<u>-</u>		
	,	an amended return/report	H	•	eport (less than 12 mor	the\		
			H	-	eport (less than 12 mor	шъ) Г	J 55.45	
C	Check box if filing under:	☐ Form 5558	automatic	extension		L	DFVC program	1
		special extension (enter descrip	tion)					
P	art II Basic Plan Inf	ormation enter all requested i	nformation.		24 204 10		v vi honge into a sign	
1a	Name of plan						Three-digit	
	DAVIS-BACON PENSION	MARKETING, INC. PENSION	PLAN & TRU	JST			olan number PN) ▶	001
		·					Effective date of	olan
	3.5					(01/01/2009	
2a		dress; include room or suite number	(employer, if fo	r single-employ	ver plan)	2 b E	Employer Identific	cation Number
	DAVIS-BACON PENSION	MARKETING, INC.			-	(EIN) 91-210	6125
							Plan sponsor's tel	
	15600 Redmond Way	~					(425) 889-88	
	Suite 203						Business code (se	ee instructions)
	Redmond	WA 98052	. "0 "					
sа	Plan administrator's name ar	nd address (If same as plan sponsor,	enter "Same")			SD A	Administrator's El	N
					<u> </u>			, , ,
				6		3c A	Administrator's te	lephone number
4		e plan sponsor has changed since the	last return/rep	ort filed for this	plan, enter the	4b E	EIN	
2	name, EIN, and the plan nun Sponsor's Name	nber from the last return/report.			İ	4c F	PN	
		at the beginning of the plan year				5a		2
b		at the end of the plan year				5b		2
C	9 9	account balances as of the end of the					·	
						5c		
	•	during the plan year invested in eligib						X Yes No
b		the annual examination and report of (See instructions on waiver eligibility			lic accountant (IQPA)			X Yes No
		her 6a or 6b, the plan cannot use F				•		IN 163 LINO
Pa	rt III Financial Infor	The state of the s	<u> </u>	ina maot mot				
7	Plan Assets and Liabilities			(a) Be	eginning of Year	T	(b) End o	f Year
а	Total plan assets		7a	```	563,995			944,144
b	Total plan liabilities		7b		0	+		0
C	Net plan assets (subtract line	7h from line 7a)	7c		563,995			944,144
8	Income, Expenses, and Tran			l.	a) Amount	1	(b) To	
а	Contributions received or rec					63.25		
	(1) Employers		8a(1)		390,000			
	(2) Participants		8a(2)		0	4		
	(3) Others (including rollover	rs)	8a(3)	¥	0			
b	Other income (loss)		8b		(9,851)	1000		
C	Total income (add lines 8a(1)		8c	4.00				380,149
d	Benefits paid (including director provide benefits)	t rollovers and insurance premiums	8d		0	100		
۵		ctive distributions (see instructions)			0	۱.,		
e f		ers (salaries, fees, commissions)			0			
		ore (saranes, rees, commissions) .			0	1		
g h	Other expenses Total expenses (add lines 8d	8e 8f and 8d)	8g 8h		-	1 1 1 1 1 1	- 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 190 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 190	0
i	Net income (loss) (subtract lin		8i					380,149
i	Transfers to (from) the plan (8i		0	1000		300,149
	Transiers to thoma the pidil (300 HISHUUHUHS)			0	138 P. C. C.	PROPERTY OF THE PARTY OF THE PA	THE RESERVE AND ADDRESS OF THE PARTY OF THE PARTY.

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Pa	rt	V Plan Characteristics							
		the plan provides pension benefits, enter the applicable pension feat 1C 1G 3D the plan provides welfare benefits, enter the applicable welfare feature.							
Pa	rt '	/ Compliance Questions	7.						
10		During the plan year:				Yes	No	I A	mount
а	,	Vas there a failure to transmit to the plan any participant contribution					х		
t		9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar			10a				
L		Vere there any nonexempt transactions with any party-in-interest? (In line 10a.)		*	10b		x		
С		Vas the plan covered by a fidelity bond?			10c	х		<u> </u>	100,000
d	1	Did the plan have a loss, whether or not reimbursed by the plan's fider dishonesty?	elity bond, that was c	aused by fraud	10d		x		
е	i	Vere any fees or commisions paid to any brokers, agents, or other pasurance services or other organization that provides some or all of astructions.)	the benefits under the	e plan? (See	l0e		x		
f		las the plan failed to provide any benefit when due under the plan?			Of		х		
g	[oid the plan have any participant loans? (If "Yes," enter amount as o	fyearend.)		0g		х		
h		this is an individual account plan, was there a blackout period? (Se 520.101-3.)		CFR	0h	•	х		
i		10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			Oi.				
		Pension Funding Compliance							
11		this a defined benefit plan subject to minimum funding requiremen							X Yes No
12	1.	this a defined contribution plan subject to the minimum funding rec f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	uirements of section						
a If	l' g	a waiver of the minimum funding standard for a prior year is being a ranting the waiver	amortized in this plan	Month					
b	E	nter the minimum required contribution for this plan year			•	. [12b		
C	E	nter the amount contributed by the employer to the plan for this plar	nyear			. <u>L</u>	12c		
d		ubtract the amount in line 12c from the amount in line 12b. Enter the egative amount)	A CORD OF CHANGE ACCORDING THE CONTROL OF THE CONTR	s sign to the left of a	•	. L	12d		
е		/ill the minimum funding amount reported on line 12d be met by the	funding deadline? .			•	• •	Yes	∐No ∐N/A
Par									
13a		as a resolution to terminate the plan been adopted in any plan year			٠	٠.			Yes X No
		"Yes," enter the amount of any plan assets that reverted to the emp				•	13a		
þ		/ere all the plan assets distributed to participants or beneficiaries, tra f the PBGC?	ansterred to another	olan, or brought unde	r tne	contr			Yes X No
С		during this plan year, any assets or liabilities were transferred from hich assets or liabilities were transferred. (See instructions.)	this plan to another p	lan(s), identify the pla	ın(s)	to			
	130	(1) Name of plan(s):				13	c(2) El	IN(s)	13c(3) PN(s)

									ļ
Caut	ion	A penalty for the late or incomplete filing of this return/report v	vill be assessed unl	ess reasonable caus	se is	esta	blishe	d.	
Jnde SB o	r pe	nalties of perjury and other penalties set forth in the instructions, I dhedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	eclare that I have ex	amined this return/rep	ort,	includ	ling, if	applicable, a	
SIG		1 and Sen		Dan Sweeney			*		*****
HE		Signature of plan administrator	Date 5/17/12	Enter name of indiv	idua	l signi	ng as	plan adminis	trator
SIC	N:	1) and Sena	11/2	Dan Sweeney		<u> </u>			
HE	100	Signature of employer/plan sponsor	Date 5/12/12	Enter name of indivi	idua	l sjani	na as	employer or i	plan sponsor
1, 200 33	186.7		Date 2/17/12	Lines hame of mulv	iuud	. Jigill	iy də	ompioyer of	oran oponson

Schedule SB, line 22 Description of Weighted Average Retirement Age

DAVIS-BACON PENSION MARKETING, INC. PENSION PLAN & TRUST

91-2106125 / 001

For the plan year 1/1/2011 through 12/31/2011

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 26 Schedule of Active Participant Data DAVIS-BACON PENSION MARKETING, INC. PENSION PLAN & TRUST 91-2106125/001

For the plan year 1/1/2011 through 12/31/2011

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25							The state of the s			AN CORPORT PARK AND THE PROPERTY OF THE PROPER
25 to 29	a para de la composição d				-				P TO THE P T	- September of
30 to 34	municipa popular				Sink are appropriate			-		
35 to 39						and recording to				topic desirability
40 to 44						-		Diagram and a second	***	and the second second
45 to 49							,	National Association Associati		Section of the Sectio
50 to 54						and the constraint of the		and the second s		that the source of the
55 to 59		1				and the second		4444		ani ampiram
60 to 64						annes e e e e e e e e e e e e e e e e e e		atrice Annual vision		ауриариация на принастина
65 to 69		1				and a second	Transmission in the Contract of the Contract o	and the same of th		Lanca de la constante de la co
70 & up			**********************							

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

DAVIS-BACON PENSION MARKETING, INC. PENSION PLAN & TRUST 91-2106125 / 001

For the plan year 1/1/2011 through 12/31/2011

Valuation Date:

12/31/2011

Funding Method:

As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

Retrospective Compensation - Highest 3 consecutive years of participation

Form of Payment - Assumed form of payment for funding is Life Annuity

Interest Rates - | Segment rates for the Valuation Date as

permitted under IRC 430(h)(2)(C)									
Segment #	Year	Rate %							
Segment 1	0 - 5	1.99							
Segment 2	6 - 20	5.12							
Segment 3	> 20	6.24							

Pre-Retirement - Mortality Table -

Turnover/Disability - None
Salary Scale - 3%
Expense Load - None
Ancillary Ben Load - None

Post-Retirement - Mortality Table -

11C - 2011 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living -

None

None

Asset Valuation Method:

Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -

8.5%

Post-Retirement - Interest -

8.8%

Mortality Table -

G83M - 1983 Group Annuity (male)

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, Part V **Summary of Plan Provisions**

DAVIS-BACON PENSION MARKETING, INC. PENSION PLAN & TRUST 91-2106125 / 001

For the plan year 1/1/2011 through 12/31/2011

DAVIS-BACON PENSION MARKETING, INC. Employer:

> Type of Entity -C-Corporation

EIN: 91-2106125

TIN: 27-2131619

Plan #: 001

Dates:

Effective - 1/1/2009

Year end - 12/31/2011

Valuation - 12/31/2011

Top Heavy Years - 2009, 2010, 2011

Eligibility:

All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21 Months of service - 12

Hours Required for - Eligibility - 1000

Benefit accrual - 1000

Vesting - 1000

Plan Entry - First day of 1st or 7th month of plan year on or next following eligibility satisfaction

Retirement:

First of month coincident with or next following attainment of age 65 and completion of the 5th anniversary of

the 1st day of the initial plan year of participation

Early - Not provided

Average Compensation:

Highest 3 consecutive years of participation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits:

Retirement - Derived from the fixed benefit formula below:

76% of average monthly compensation reduced by 1/8 for each year of participation less than 8

years

Accrued Benefit - Pro-rata based on participation

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit - Present Value of Accrued Benefit

Top Heavy Minimum:

2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations:

Percent: 100

Dollar: \$195,000

Maximum 401(a)(17) compensation - \$245,000

Normal Form:

Life Annuity

Optional Forms:

Lump Sum

Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule:

Years Percent 0-1 0% 20% 2 3 40% 4 60% 80% 5 100%

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

DAVIS-BACON PENSION MARKETING, INC. PENSION PLAN & TRUST 91-2106125 / 001

For the plan year 1/1/2011 through 12/31/2011

<u>Present Value of Accrued Benefit:</u> Based on the greater of 417(e) or Actuarial Equivalence 417(e):

Interest Rates -

Segment#	Years	Rate %
Segment 1	0 - 5	2.47
Segment 2	6 - 20	5.07
Segment 3	> 20	6.10

Mortality Table - 11E - 2011 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement - Interest -

5.5%

Mortality Table -

None

Post-Retirement - Interest -

5.5%

Mortality Table -

G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2011

OMB No. 1210-0110

This Form is Open to Public Inspection

► File as an attachment to Form 5500 or	5500-SF.	į		
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011	and endin	g 12/3	1/2011	
▶ Round off amounts to nearest dollar.				
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable c	ause is establishe	d.		
A Name of plan	B Three-digi	t		
DAVIS-BACON PENSION MARKETING, INC. PENSION PLAN & TRUST	plan numb	er (PN)	>	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer Id	entification	Number ((FIN)
DAVIS-BACON PENSION MARKETING, INC.				(unit 4)
DAVIS-BACON FENSION MARKETING, INC.	9.	1-21061:	<u> </u>	
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size:	X 100 or fewer]101-500	☐ More	e than 500
Part I Basic Information				
1 Enter the valuation date: Month 12 Day 31 Year 2011		y		
2 Assets:				
a Market value		2a		554,046
b Actuarial value	*****	2b		554,046
3 Funding target/participant count breakdown (1) N	lumber of participa	ants	(2)	Funding Target
a For retired participants and beneficiaries receiving payment 3a	may advisory interface and may be a tax adjusted by the day of the property of the second second part of the p	0	***************************************	0
b For terminated vested participants	MOTOR PROPERTY OF THE PROPERTY OF A STATE OF THE PROPERTY OF T	0	vitek com di elitter et işiniyê işiniya ili kuşurdirile ete di elişinin i	0
C For active participants:	200			
(1) Non-vested benefits			West Commission of the Commiss	0
(2) Vested benefits			and the second particular property and probability of the second	510,687
(3) Total active		2	a de la composition	510,687
d Total 3d		2	needineen need material and a section of	510,687
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)				
a Funding target disregarding prescribed at-risk assumptions	-	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans t			······································	**************************************
at-risk status for fewer than five consecutive years and disregarding loading factor .		4b		
5 Effective interest rate		5	4/54/00EX314/6000m/sm3+604/0-6(sm	5.14
6 Target normal cost		6		255,258
Statement by Enrolled Actuary		•		
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attacht accordance with applicable law and regulations. In my opion, each other assumption is reasonable (taking into account the e	ments, if any, is complet xperience of the plan an	e and accurated reasonable	e. Each presr expectations)	ibed assumption was applied in and such other assumptions, in
combination, offer my best estimate of anticipated experience under the plan.				<i></i>
SIGN / ///			19/	
HERE VVV		<u></u> <u>}/_</u>	_2/_	(Commence
Signature of actuary		1	Date	
ROBERT M. HANESS		11	04945	
Type or print name of actuary		Most rece	nt enrollm	nent number
HANESS & ASSOCIATES, LLC		(916)	435-9	830
Firm name	Tel	ephone nu	mber (incl	luding area code)
P.O. BOX 836				
US ROCKLIN CA 95677 Address of the firm	_			
			-	
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in comp	lletina this schedu	le check ti	ae hov and	dean 🗍

	yy
Cabadula CD /Farm EEOO\ 2014	Dama 2
Schedule SB (Form 5500) 2011	Page Z
	<u> </u>

7 7%	-411 D-								ięsięsiu i dokażnia i mierzymia konc		
ra	rt II Be	ginning or year	carryove	er and prefunding bala	nces	T /2)	Carryover balance		/b) E	Profundi	ing balance
7				licable adjustments (line 13 fro		(a)	Carryover balance	0	(u) r	Telulu	4,765
8				unding requirement (line 35 fr				0	en pongen com unagya (humandi) human ya eng		0
9				*******	***************************************		100 m	0	***************************************	TOTAL PROPERTY.	4,765
10			***************************************	turn of <u>17.58</u> %	***************************************	1		0	**************************************		838
11		***************************************		d to prefunding balance:							
	-				******						117,348
	b Interest o	n (a) using prior yea	r's effective	rate of0.00 % excep					<u></u>	MINORAL PROPERTY AND	0
	C Total avai	ilable at beginning of	current pla	an year to add to prefunding b	alance						117,348
	d Portion of	(c) to be added to p	refunding t	palance						************************	117,348
12	Other reduct	ions in balances due	to election	ns or deemed elections				0		******	0
13	Balance at b	eginning of current y	ear (line 9	+ line 10 + line 11d - line 12) .				0		······································	122,951
Da	rtIII F	unding percent	anac		HENCOMPHIC PROPERTY						
	·				***************************************			*************		14	84.41 %
	***************************************			ge		**********				15	122.65 %
	Prior year's f	unding percentage for	or purpose:	s of determining whether carry	over/pre	funding bala	inces may be used	to redu	ce	16	100.88 %
17				is less than 70 percent of the						17	%
Pa	nt IV C	ontributions an	d liauid	ity shortfalls	oraleosatianos approveda	THE STREET PROPERTY OF THE PARTY OF THE PART				anous emenos de	
				year by employer(s) and empl	uvees.	***************************************		CHOSTONITY AND	······································	***************************************	
	(a) Date M-DD-YYYY)	(b) Amount p employer(aid by	(c) Amount paid by employees	(a) Date DD-YYYY)	(b) Amount j				unt paid by loyees
02/	15/2011		2,178	0							
03/	29/2012	## No. 00.000 (19.000) (19.000 (19.000 (19.000 (19.000 (19.000 (19.000 (19.000 (19.000	87,822	0		***************************************		****		· Face Processor Augustica	
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						With the state of				***************************************	PATHODA SOCIAL PATHOLIS SOCIAL
					Totals	i ▶ 18(b)		390,0	00 18(c)		0
19	Discounted e	employer contribution	ıs – see in:	structions for small plan with a	valuatio	n date after	the beginning of the	e year:			and the material of the control of the state
	a Contributio	ons allocated toward	unpaid mi	nimum required contribution fr	om prior	years		19a	····		0
	b Contribution	ons made to avoid re	estrictions a	adjusted to valuation date				19b			0
	C Contribution	ons allocated toward	minimum i	required contribution for currer	nt year a	djusted to va	aluation date	19c			385,400
	*******************************	ntributions and liquid			AND THE PERSON NAMED IN COLUMN		HANNING THE REPORT OF THE PERSON OF THE PERS				
	a Did the plan have a "funding shortfall" for the prior year?										
	b If 20a is "Y	es," were required of	quarterly in	stallments for the current year	made ir	ı a timely ma	anner?		* * * * * * * * * * *	[Yes No
				plete the following table as app		-				-	
				Liquidity shortfall as of end		er of this pla	an year				
	(1)	1st		(2) 2nd		(3)	3rd		*****************	(4) 4t	h

Part V Assumpti	ons used to determine	funding target and target	normal cost		
21 Discount rate:					
a Segment rates:	1st segment: 1.99 %	2nd segment: 5.12 %	3rd segment: 6.24 %		N/A, full yield curve used
b Applicable month	n (enter code)		* * * * * * * * * * * * * *	21b	0
		4 5 4 5 C 2 0 2 0 5 0 7 6 9 0 0		22	66
23 Mortality table(s) (se		***************************************	scribed - separate	Substitu	ute
Part VI Miscellan	eous items	HERMANN ER HINNOH HAM PERLAMBER LIGHT HAM TO THE PROPERTY OF T	MARKON AMERIKAN PERBANGAN MENENGAN MENENGAN MENENGAN MENENGAN MENENGAN MENENGAN MENENGAN MENENGAN MENENGAN MEN		
attachment		ctuarial assumptions for the current			· · · · · · · □ Yes 🗷 No
***************************************		olan year? If "Yes," see instructions			
		e Participants? If "Yes," see instruc		l attachme	ntX Yes No
		unding rules, enter applicable code		27	
Part VII Reconcil	iation of unpaid minim	um required contributions	for prior years		
28 Unpaid minimum red	quired contribution for all prior	years	9 4 0 6 4 7 t 5 6 4 8 8	28	0
29 Discounted employe	er contributions allocated towa	rd unpaid minimum required contrib	outions from prior years	29	0
		ontributions (line 28 minus line 29)		30	0
Part VIII Minimum	required contribution	for current year			
31 Target normal cost.	adjusted, if applicable (see ins	structions)		***************************************	
	***************************************			31a	255,258
		n 31a		31b	0
32 Amortization installn			Outstanding Bala	-	Installment
		e a		0	0
			aritur 900 til 1400 til skullarlaðinskalarin held þræm er allt dærkur áð arinn agnarnt þa eynna er skupassa íms anyap	0	0
***************************************		nter the date of the ruling letter gra	nting the approval		
(Month) and the waived amount .		33	O
34 Total funding require		r/prefunding balances (lines 31a - 3	***************************************	34	255,258
a i occi (anama i odecio	more solver to the country out 1900	Carryover balance	Prefunding Bala		Total balance
0P - 1	PP LP 12	Our your Date in	retailing bale		TOTAL DAIGHTC
35 Balances elected to requirement	use to offset funding	0	Province in the contract of th	0	
)		36	255 252
		contribution for current year adjuste		***************************************	255,258
				37	385,400
	ess contributions for current y		terre et rommer e adres aus normanes est norma socia aus si su no anno anno aus aus aus aus anno a	***************************************	
				38a	130,142
		prefunding and funding standard of		38b	0
		/ear (excess, if any, of line 36 over		39	
	juired contribution for all years	***************************************		40	
		ension Relief Act of 2010 (-	The second secon	
41 If a shortfall amortizat	ion base is being amortized p	ursuant to an alternative amortizati	on schedule:		
a Schedule elected	* * * * * * * * * * * * * * * * * * *				2 plus 7 years 15 years
b Eligible plan year(s	s) for which the election in line	41a was made		🔲 200	08 2009 2010 2011
*************************************		• • • • • • • • • • • • • • • • • • •		42	CARROLL CONTROL CONTRO
		d over to future plan.years	****	43	MENTALISMAN SANTAN
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