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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accord	ance witi	n the instructions to the Form 55	UU-5F.				
	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/2	011			
A	This return/report is for:	a multiple	ole-employer plan (not multiemployer) a one-participant plan					
В	This return/report is: the first return/report	the final r	eturn/report					
	an amended return/report	a short pla	an year return/report (less than 12 r	nonths)				
С	Check box if filing under: Form 5558	extension		DFVC program				
	special extension (enter descriptio	n)		L				
Dr	rt II Basic Plan Information—enter all requested informa	,						
		ation		1h	Three-digit			
	Name of plan TERY COMMUNICATIONS, INC. 401(K) PROFIT SHARING PLAN				plan number			
					(PN) • 001			
				1c	Effective date of plan			
					01/01/2007			
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identification Number			
PKIIN	TERY COMMUNICATIONS, INC.			-	(EIN) 91-0972232			
				2c	Sponsor's telephone number 360-385-1256			
	YLER ST.			24				
PUR	ΓTOWNSEND, WA 98368			Zu	Business code (see instructions) 323100			
32	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	,")	3h	Administrator's EIN			
	TERY COMMUNICATIONS, INC. 631 TYLER S	T.	,		91-0972232			
	PORTTOWN	SEND, WA 98368			Administrator's telephone number			
4	If the name and/or FINI of the plan appear has abanged since the la	0.04 #04: #0/	report filed for this plan enter the	46	360-385-1256			
7	If the name and/or EIN of the plan sponsor has changed since the kaname, EIN, and the plan number from the last return/report.	asi reium/	report filed for trils plan, enter the	4b	EIN			
а	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year			- 5a	18			
b	Total number of participants at the end of the plan year				16			
С	Number of participants with account balances as of the end of the p			0.0				
	complete this item)			. 5c	16			
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				V vaa □ Na			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		Yes No			
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	JIIII 3300-	SF and must mstead use Form 5	300.				
7			(a) Baninnin n of Van		(b) Find of Voor			
′ _	Plan Assets and Liabilities		(a) Beginning of Year 366252		(b) End of Year 404279			
a	Total plan assets		300202		101270			
b	Total plan liabilities	7b	366252		404279			
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	10497					
	(2) Participants	8a(2)	44807					
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)		-7472					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			47832			
d	Benefits paid (including direct rollovers and insurance premiums	- 00						
-	to provide benefits)	8d	9805					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			9805			
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			38027			
j	Transfers to (from) the plan (see instructions)	8j						

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Form	5500	SF.	2011

Page 2 -	1
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Part IV	Plan Characteristics
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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
 - 2A 2E 2G 2J 2T 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	During the plan year:		Yes	No		۸.	mour	nt .	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in		100	X		Ai	iioui	11	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		^					
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Χ					
С	Was the plan covered by a fidelity bond?	10c	X						25000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X					
	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X					
f	Has the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Χ					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
rt \	/I Pension Funding Compliance								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))							es	No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Пν	es	V
	3 · 1· · · · · · · · · · · · · · · · · ·		ULIUIT U	SUZ OF	EKIO	۱: ۱:		CO	X No
	(If "Yes." complete 12a or 12b. 12c. 12d. and 12e below. as applicable.)	0.00	Clion	3U2 OI	EKISA	۸٢	⊔'	63	No.
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	ctions,	and e	nter th	ne date	e of the	lette	rulir	ıg
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	ctions,	and e	nter th	ne date	e of the	lette	rulir	ıg
a If y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions, ith	and e	nter th	ne date	e of the	lette	rulir	ıg
a If y b	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	ctions,	and e	nter th Day	ne date	e of the	lette	rulir	ıg
a If you b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	ctions, ith of a	and e	nter th Day	ne date	e of the	lette	rulir	ıg
a If y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	ctions,	and e	nter th Day 12b 12c 12d	ne date	e of the	lette	rulir	ıg
a If y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	and e	nter th Day 12b 12c 12d	ne date	e of the	letter	rulir	ig
a lf y b c d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions,	and e	nter the Day	Ye	e of the	letter	rulir	ig
a lf ye b c d e rt \	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	nter the Day	Ye	e of the You	letter	rulir	ig
a If you b c d e rt \ Ba	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver. Monou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	of a	and e	12b 12c 12d	Ye	es No	letterear _	r rulir	N/A
a If ye b c d ert \ Ba	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	12b 12c 12d	Ye	es No	letterear _	r rulir	ig
a If ye b c d e rt \ B a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver	of a	and e	12b 12c 12d	Yes [es No	No Y	r rulir	N/A
a If you b c d e Int \(\)	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions of the waiver. Monotou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? //// //// Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	12b 12c 12d	Yes [es No	No Y	r rulir	N/A No
a If you c d e Irt \ Ba b c	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions of the waiver. Monotou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? //// //// Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	12b 12c 12d	Yes [es No	No Y	r rulir	N/A No

SIGN	Filed with authorized/valid electronic signature.	07/17/2012	E. MICHAEL KENNA
HERE	Signature of plan administrator Date		Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

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

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

		dentification Information				
For	calendar plan year 2011 or fisc		1	and ending	2/31/2	2011
Α	This return/report is for:	🛛 a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is:	the first return/report	the final re	eturn/report		
		an amended return/report	a short pla	n year return/report (less than 12 m	onths)	
C	Check box if filing under:	☐ Form 5558 ☐		extension		DFVC program
=	Onedic box it illing ander.	special extension (enter descriptio				_ b. vo program
D.	art II Basic Plan Infor	mation—enter all requested informa				
	Name of plan	mation—enter all requested informa	allUli		1h	Throa diels
		NC. 401(K) PROFIT SHARING PLAN			10	Three-digit plan number
4 4 5 11	THE STATE OF THE PARTIE TO THE	10. 90 May 1 Horst Designate 1 Day				(PN) ▶ 001
			1c	Effective date of plan 01/01/2007		
2a	Plan sponsor's name and addi	ress; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identification Number
PRII	TERY COMMUNICATIONS, IF	NC.			-7762	(EIN) 91-0972232
					2c	Sponsor's telephone number
631	TYLER ST.					360-385-1256
FOF	IT TOWNSEND WA 98368				2d	Business code (see instructions)
	BI by the party of				01	323100
SAN		address (if same as plan sponsor, er	iter "Same	")	30	Administrator's EIN 91-0972232
S.75 .118					3с	Administrator's telephone number 360-385-1256
4	If the name and/or FIN of the	plan sponsor has changed since the la	ast return/r	enort filed for this plan, enter the	4h	500-303-1256 EIN
-51	name, EIN, and the plan num		301 Otali 1	oport mod for the plant, effer ale	713	EIN
a	Sponsor's name				4c	PN
5a	Total number of participants a	t the beginning of the plan year			5a	18
b	Total number of participants a	t the end of the plan year			5b	16
С		count balances as of the end of the p			5c	16
6a		during the plan year invested in eligibl		20 V2 C		X Yes ☐ No
b	Are you claiming a waiver of t	he annual examination and report of a	n indepen	dent qualified public accountant (IQ	PA)	
		(See instructions on waiver eligibility a				X Yes No
Da	rt III Financial Inform	ner 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.	
7	Ascents on an armentary somewhat	ation			_	
08/6	Plan Assets and Liabilities		-	(a) Beginning of Year 366252	Ĉ	(b) End of Year 404279
a	12 -4 80 54 11 MAN MAN			300202	-	404219
		7h fann Bur 7n)	7b	366252		101070
<u>C</u>		7b from line 7a)	7c			404279
8 a	Income, Expenses, and Trans Contributions received or rece	a con occurrence		(a) Amount		(b) Total
a		ivable ironi.	8a(1)	10497	8	
	AND A STATE OF THE		8a(2)	44807	-55	
	VERSEL OF CONTRACT REPORTS AND THE CONTRACT OF	i)	8a(3)		_	
b	17 150 IZ IZX	*)	8b	-7472		
С	THE THE STATE OF T	8a(2), 8a(3), and 8b)	8c			47832
d	Benefits paid (including direct	rollovers and insurance premiums	8d	9805		
е		tive distributions (see instructions)	8e		-	
f		rs (salaries, fees, commissions)	8f	17.00		
g	Agendarian Printerial		8g		30	
h	50 S 10 S 10 M 10 S 1	8e, 8f, and 8g)	8h	The state of the s	1	9805
i	20 20 50	e 8h from line 8c)	8i		, l	38027
î	Transfers to (from) the plan (s		UI	- 1999 - 1913 - 1913 - 1944 -	-	30021

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	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2A 2E 2G 2J 2T 3D	acteris	tic Co	des in	the instruct	ions:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	c Cod	es in tl	he instructio	ns.	
75.		oloi lot		00 111 11	no mondone	110.	
Part	V Compliance Questions						
10	During the plan year:		Yes	No		Amount	
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		×			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х			
C	Was the plan covered by a fidelity bond?	10c	Χ				25000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		х		do s	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			****
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI Pension Funding Compliance		;==:r1				-18
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))	plete	Sched	ule SB	(Form	Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of	ERISA?	Yes	No.
SMSM	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver	lh	and e	nter th Day		e letter rul Year	
b	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year			12b	1-002-2-11		-
C	Enter the amount contributed by the employer to the plan for this plan year			12c	Ş		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		12d			- 17
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		1970	1000	Yes	No [N/A
Part							
	Has a resolution to terminate the plan been adopted in any plan year?			П	'es X No	rik	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		3a			- North House	ilea ilea:
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ntrol	7,400	☐ Yes	No.
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)	he pla	n(s) to			.	<u>.</u>
	l3c(1) Name of plan(s):		130	(2) El	N(s)	13c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	establ	ished.	4	
SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, f, it is true, correct, and complete.	urn/rep report	ort, in , and t	cluding o the b	g, if applicat pest of my k	ole, a Scho nowledge	edule and
SIG		ENNA					
HER	E Signature of plan administrator - Date Enter name of it	ndividu	ıal sigi	ning as	s plan admir	istrator	
SIG		ndivide	ıal ela	ning as	employer	vr nlan se	nnear
	Enter name of		J. 91	9 110	- Jimpioyol (piair spt	J. 1001