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

P		dance witl	h the instructions to the Form 5500	-SF.		,
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	2/31/2	011	
A	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan
В	This return/report is: the first return/report	the final r	eturn/report	'-		
		a short pla	an year return/report (less than 12 mo	nths)		
<u> </u>	H_{-}	•	extension	l	DFVC progra	m
C			, exterision	l	_ Di ve piogra	
_	special extension (enter descriptio	,				
	rt II Basic Plan Information—enter all requested information	ation		4.		
	Name of plan				Three-digit plan number	
SNUI	FIN S CATERING DEFINED BENEFIT PLAN				(PN)	002
			F		Effective date of	
					01/01/	•
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif	ication Number
	RON S. SNUFFIN & CO., INC.	, , ,			(EIN) 91-15	
				2c	Sponsor's telep	hone number
6745	KIMBALL DR. STE A				253-85	
	HARBOR, WA 98335			2d	Business code (see instructions)
					72230	0
	Plan administrator's name and address (if same as plan sponsor, er			3b	Administrator's E	
SHAF	RON S. SNUFFIN & CO., INC. 6745 KIMBAL GIG HARBOF	, -		20		04946
		,		30	Administrator's t	elephone number -2900
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	FIN	
	name, EIN, and the plan number from the last return/report.					
a	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		6
С	Number of participants with account balances as of the end of the p	olan year (d	defined benefit plans do not			
	complete this item)			5c		
	Were all of the plan's assets during the plan year invested in eligible		,			X Yes No
b	Are you claiming a waiver of the annual examination and report of a			,		X Yes □ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo					M 163 140
Pa	rt III Financial Information	JIIII 3300-	or and must instead use Form 550	· · ·		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Vear
a	Total plan assets	7a	982305		(b) Liid	1147357
h	Total plan liabilities		0			0
6			982305			1147357
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c			(L) T	
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) T	otai
а	(1) Employers	8a(1)	150000			
	(2) Participants	8a(2)				
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	15052			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				165052
d	Benefits paid (including direct rollovers and insurance premiums	. 60				
u	to provide benefits)	8d				
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				
i	Net income (loss) (subtract line 8h from line 8c)					165052
i	Transfers to (from) the plan (see instructions)					
		8j				

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Form	カカロロ	->-	ンロエ	-

Page 2 -	1
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Part IV	Plan	Characteristics

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

 1A 1D 1G 3D
 - 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	During the plan year:		Yes	No	A	mount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in	40-		X			
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a					
D	on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c		X			
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		X			
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		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		X			
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					
art							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	nloto	Schoo	SR alu	(Form		
• •	5500))					X Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver						
lf y	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_				
b	Enter the minimum required contribution for this plan year			12b			
С	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			[Yes	No	N/A
art	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	'es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		1				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up the PROC3	under	the co	ontrol		Yes	No.
С	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.)	ne plai	n(s) to)			<u> </u>
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3)	PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	e cau	ıse is	establ	ished.		
Jnde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	ırn/rep	ort, ir	ncluding	g, if applicab	le, a Sch	edule

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/23/2012	SHARON SNUFFIN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/23/2012	SHARON SNUFFIN
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 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).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

							File as	an attachn	nent to Form	5500 or	5500-	SF.							
Fc	r cale	ndar p	lan year 20)11 c	or fiscal pla	an yea	ar beginning 0	1/01/2011				and end	ing	12/31/2	2011				
			amounts				ssed for late filing o	of this repo	rt unless reas	onable ca	ause is	s establish	ied.						
Α	Name	of pla							1 unioso rode		В	Three-di	git	PN))		002		
			or's name a			ne 2a	of Form 5500 or 55	00-SF				Employer -1504946	Identi	fication	Numbe	r (EIN	1)		
Е	Туре с	of plan	: X Single	, [Multiple	-A	Multiple-B	F	Prior year p	an size:	X 100	or fewer	10	01-500	Mor	e than	500		
P	art I	B	asic Info	rm	ation					<u>L</u>									
1			valuation (М	onth <u>12</u> [Day31	Year	2011									
2		ets:																	
	а	Mark	et value										2	a :				97	7357
	b	Actu	arial value										2	b				97	7357
3	Fur	nding t	arget/parti	ipan	nt count br	eakdo	own:			(1) N	lumbe	er of partic	ipants		(2	2) Fur	iding Ta	rget	
	а	For	retired part	cipa	nts and be	enefic	iaries receiving pay	/ment	3a					0					0
	b	For	terminated	vest	ed particip	ants.			3b					0					0
	С	For	active parti	cipar	nts:					_									
		(1)	Non-veste	d be	nefits				_ ` /										9744
		(2)	Vested be	nefit	s														8479
		(3)	Total activ	e										6					8223
	d													6				878	8223
4	If th	ne plar	n is in at-ris	k sta	itus, checl	k the b	oox and complete li	ines (a) and	d (b)		∐		_						
	а	Fund	ding target	disre	garding p	rescril	bed at-risk assumpt	tions					4	a					
	b						umptions, but disre nsecutive years and							b					
5	Effe	ective	interest rat	э									5	5				5.03	
6	Tar	get no	rmal cost.										(6				198	5323
,	To the accorda	best of rance with action, or	th applicable la	the in w and	formation sup regulations.	In my o	n this schedule and accompinion, each other assum, ience under the plan.	npanying sche ption is reasor	dules, statements	and attachn account the e	nents, if experier	any, is comp ice of the plar	lete and and rea	accurate. asonable	expectatio	scribed ns) and	such other	n was applie assumption	ed in ns, in
		_			Q;	anatu	re of actuary				_				Date				
RO	BERT	M. H	ANESS		O.	griata	no or adiadry									4945			
НА	NESS	& AS	SOCIATES	, LLO		r prin	t name of actuary				_		Мс	ost rece		Iment 435-9	number 830		
). BOX CKLIN		95677			Fir	m name				_	Т	elepho	one nur	mber (in	cludin	g area c	ode)	
					,	Addre	ss of the firm				_								
If th	e actu	ary ha	s not fully	eflec	cted anv re	egulat	ion or ruling promu	lgated und	er the statute	in compl	etina t	his sched	ule, ch	neck the	e box an	d see		П	
	ruction	-			, . .	٠		J					-,					Ш	

Page 2	2 -	1
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Pa	rt II	Begir	nning of year o	carryove	er and prefunding ba	lances									
							(a)	Carryover balance	;	(b) F	Prefundi	ng balance			
7		Ū			cable adjustments (line 13	•			0			175054			
8			•	-	unding requirement (line 35				0			30489			
9	Amount	t remainii	ng (line 7 minus lin	ne 8)					0			144565			
10	Interest	on line 9	using prior year's	actual ret	urn of11.02%				0			15931			
11	Prior ye	ar's exce	ess contributions to	o be added	to prefunding balance:										
	a Pres	sent valu	e of excess contrib	outions (lin	e 38 from prior year)							0			
					rate of% excep						0				
	C Tota	ıl availabl	e at beginning of cu	ırrent plan y	year to add to prefunding bal	alance						0			
	d Port	tion of (c)	to be added to pr	efunding b	alance						0				
12	Other re	eductions	s in balances due t	to elections	s or deemed elections				0			0			
13	Balance	e at begir	nning of current ye	ar (line 9 +	- line 10 + line 11d – line 12	2)			0	15 106.56 16 97.35					
Pa	art III	Fun	ding percenta	iges											
14	Funding										14	94.37 %			
					je						15	106.56 %			
	Prior ye	ar's fund	ling percentage for	r purposes	of determining whether ca	rryover/pre	funding bala	ances may be used	to reduce		16	97.35 %			
17	If the cu	ırrent val	ue of the assets of	f the plan i	s less than 70 percent of th	e funding t	arget, enter	such percentage			17	%			
Pá	art IV	Con	tributions and	d liquidi	ty shortfalls										
18	Contrib			•	ear by employer(s) and em	ployees:									
	(a) Dat M-DD-Y	е	(b) Amount pa employer(aid by	(c) Amount paid by employees	(a)	Date (b) Amount paid by employer(s)			(0	(c) Amount paid by employees				
06	/18/2012			150000	0										
						Totals 1	18(b)		150000	18(c)					
19	Discour	nted emp	loyer contributions	s – see inst	tructions for small plan with	a valuation	date after	the beginning of th	e year:						
	a Conti	ributions	allocated toward u	ınpaid min	imum required contribution	s from prio	years		19a			0			
	b Conti	ributions	made to avoid res	trictions ac	djusted to valuation date				19b			0			
	C Contr	ributions a	allocated toward mi	nimum requ	uired contribution for current	year adjuste	ed to valuation	on date	19c			143330			
20	Quarter	ly contrib	outions and liquidit	y shortfalls	3 :										
	a Did th	he plan h	nave a "funding sho	ortfall" for t	he prior year?						X	Yes No			
	b If 20a	a is "Yes,	" were required qu	uarterly ins	tallments for the current ye	ar made in	a timely ma	ınner?			X	Yes No			
	C If 20a	a is "Yes,	" see instructions a	and compl	ete the following table as a	pplicable:						_			
					Liquidity shortfall as of e	end of quar	er of this pl								
		(1) 19			(2) 2nd	0	(3)	3rd	0		(4) 4th				
			0			0			0			0			

Pa	rt V	Assumptio	ns used to determine t	funding target and tar	rget i	normal cost						
21	Disco	ount rate:										
	a s	egment rates:	1st segment: 1.99%	2nd segment: 5.12%		3rd segment: 6.24 %		N/A, full yield c	urve	used		
	b A	pplicable month	(enter code)				21b			0		
22	Weig	hted average ret	tirement age				22			66		
23		ality table(s) (see		escribed - combined		scribed - separate	Substitut	e				
			, <u> </u>									
	rt VI	Miscellane										
24		-	nade in the non-prescribed ac						⁄es	X No		
25	Has a	a method change	e been made for the current pl	an year? If "Yes," see instru	ıctions	regarding required attac	chment	Y	′es	X No		
26			provide a Schedule of Active	-			attachment.	X Y	es/	No		
27			or (and is using) alternative fu	•			27					
	rt VII		ation of unpaid minimu	•		• •	T T					
28	Unpa	id minimum requ	uired contributions for all prior	years			28			0		
29			contributions allocated toward	•			29	9				
30	Rema	aining amount of	f unpaid minimum required cor	ntributions (line 28 minus line	e 29)		30			0		
Pa	rt VIII	Minimum	required contribution	for current year								
31	Targ	et normal cost a	nd excess assets (see instruc	tions):								
	a Ta	rget normal cost	(line 6)				31a			195323		
	b Ex	cess assets, if a	applicable, but not greater thar	ı 31a			31b			0		
32	Amor	tization installme	ents:			Outstanding Bala	ance	Installmer	nt			
	a Ne	et shortfall amort	ization installment		49435			7811				
	b w	aiver amortizatio	on installment				0			0		
33	If a w	aiver has been a	approved for this plan year, er Day Year	ter the date of the ruling lett	er grar	•	33	33				
34	Total	funding requirer	ment before reflecting carryove	er/prefunding balances (lines	31a -	31h + 32a + 32h - 33)	+			203134		
	. 0.0.		none soloro romosanig carryon	Carryover balance		Prefunding bala		Total balar	nce			
				Carryover Balarice		1 Totaliang bala	1100	Total balai	100			
3 3			use to offset funding		0		59804			59804		
36	Addit	ional cash requir	rement (line 34 minus line 35)				36			143330		
37	Contr	ributions allocate	ed toward minimum required c	ontribution for current year a	djuste	d to valuation date	37			143330		
38	Prese	ent value of exce	ess contributions for current ye	ear (see instructions)			<u> </u>					
			ny, of line 37 over line 36)				38a			0		
			line 38a attributable to use of				38b			0		
39			uired contribution for current y				39			0		
						·	40					
40 Box	rt IX		uired contributions for all years				70					
			funding relief under Perion base is being amortized perion base is being amortized perion.			<u>-</u>						
-71							П	2 plus 7 years	15 ye	ears		
	b Elic	gible plan vear(s) for which the election in line	41a was made						011		
42			n adjustment				42					
							43					
43	⊏xces	ss installment ac	celeration amount to be carrie	u over to ruture plan years			43					

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Snuffin's Catering Defined Benefit Pension Plan 91-1504946 / 002 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.

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

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

the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

-		entification Information						
For	the calendar plan year 2011 or fisc	al plan year beginning	01/01	/2011	and ending	12,	/31/2011	
Α	This return/report is for:	a single-employer plan	a multiple-	employer plan	(not multiemployer)	Γ	a one-particip	ant plan
В	This return/report is:	the first return/report	the final re	turn/report		-		•
	Π	an amended return/report	a short pla	n vear return/re	eport (less than 12 moi	nthe)		
C .	Check box if filing under:	Form 5558	automatic		port (1000 than 12 mol	s) 	1 05.40	
•			لسا	extension		L	DFVC program	n
-		special extension (enter description						
-	art III Basic Plan Inform	nation enter all requested inf	ormation.					
Та	Name of plan						hree-digit	
	SNUFFIN'S CATERING DEF	INED BENEFIT PLAN					lan number ⊃N) ▶	002
							ffective date of	plan
							1/01/2006	
2a	Plan sponsor's name and address SHARON S. SNUFFIN & CO	s; include room or suite number (er	nployer, if for s	single-employe	r plan)	2b ∈	mployer Identif	cation Number
	SHARON S. SHOFFIN & CO	,, inc.				(i	EIN) 91-150	4946
						2c ₽	lan sponsor's te	elephone number
	6745 KIMBALL DR, STE A	•					253) 851-2	
								ee instructions)
$\frac{\text{US}}{3a}$	GIG HARBOR	WA 98335				L	22300	
Ja	Same	ddress (If same as plan sponsor, en	iter "Same")			3 b A	dministrator's E	IN
						3c A	dministrator's te	elephone number
4	If the name and/or EIN of the plan	n sponsor has changed since the la	st return/repor	t filed for this p	lan, enter the	4b E	IN	
а	name, EIN, and the plan number to Sponsor's Name	from the last return/report.				4c P	N	
	Total number of participants at the	e heginning of the plan year				5a		
b		e end of the plan year				5b		6
C	Number of participants with accou	unt balances as of the end of the pla	an year (define	ed benefit plan	do not	_55		0
	complete this item)	 	<u> </u>	<u></u>		5c		
	Were all of the plan's assets durin							X Yes No
b	Are you claiming a waiver of the a	annual examination and report of ar e instructions on waiver eligibility ar	n independent	qualified public				
		anstructions on waiver eligibility are a or 6b, the plan cannot use For						X Yes No
Pa	irt III Financial Informa		111 5500-SF al	ia must instea	ia use Form 5500.			
7	Plan Assets and Liabilities			(a) Pc	ginning of Year		/b \ F 1 -	
a	Total plan assets		7-	(a) De	ginning of Year		(b) End o	
b	Total plan liabilities	• • • • • • • • • • •	. 7a		982,305	 		1,147,357
c	Net plan assets (subtract line 7b fi	rom line 7a)	· 7b		0			0
8	Income, Expenses, and Transfers		. 7c	,	982,305			1,147,357
а	Contributions received or receivab			(-	a) Amount		(b) T	otai
	(1) Employers		. 8a(1)		150,000	47/2		
	(2) Participants		. 8a(2)					
	(3) Others (including rollovers).		. 8a(3)					
b	Other income (loss)		. 8b		15,052			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					165,052
d	Benefits paid (including direct rollo		İ					
_	to provide benefits)		. 8d					
e	Certain deemed and/or corrective	,,	· 8e					
f	,	salaries, fees, commissions)	. 8f		***************************************			
g	Other expenses		. 8g			142		
h	Total expenses (add lines 8d, 8e,	= :	. 8h					
		from line 8c)	· 8i					165,052
J	Transfers to (from) the plan (see in	nstructions)	. 8j			4000		

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Page	2-	

Par	IV Plan Characteristics						
-	f the plan provides pension benefits, enter the applicable pension featu	re codes from the Lis	t of Plan Characteristi	ic Co	des in the	e instructions:	
	1A 1D 1G 3D f the plan provides welfare benefits, enter the applicable welfare feature.						
Par	V Compliance Questions						
10	During the plan year:				Yes No	o c	Amount
а	Was there a failure to transmit to the plan any participant contribution	s within the time perio	od described in		,		
þ	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian Were there any nonexempt transactions with any party-in-interest? (E on line 10a.)	o not include transac	tions reported	10a	X		
_			<u> </u>	10b			
c d	Was the plan covered by a fidelity bond?	lity bond, that was ca	used by fraud	10c 10d	x		
е	Were any fees or commissions paid to any brokers, agents, or other points are services or other organization that provides some or all of tinstructions.)	he benefits under the	e carrier, plan? (See	10e	х		
f	Has the plan failed to provide any benefit when due under the plan?			$\overline{}$	Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of		ļ		x		
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	instructions and 29	CFR	10g 10h	х		
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	of the				
Part	VI Pension Funding Compliance					1,500,000	
11	ls this a defined benefit plan subject to minimum funding requirement 5500))	s? (If "Yes," see instru	uctions and complete S	Sche	edule SB (Form	X Yes No
12	ls this a defined contribution plan subject to the minimum funding requirements (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	uirements of section 4	12 of the Code or sec	tion	302 of EF	RISA?	
a If v	If a waiver of the minimum funding standard for a prior year is being a granting the waiver		Month	and	enter the	date of the lette	er ruling Year
b	Enter the minimum required contribution for this plan year	•	•		121	n	
c	Enter the amount contributed by the employer to the plan for this plan						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a minus	sign to the left of a	•	120		
е	Will the minimum funding amount reported on line 12d be met by the				·	Yes	No □N/A
Part		***************************************		· ·			
13a	Has a resolution to terminate the plan been adopted in any plan year?						Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the empl				· 13a	1	
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?				ontrol		Yes X No
	If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)	his plan to another pla	an(s), identify the plan	(s) to)		
1	3c(1) Name of plan(s):				13c(2)	EIN(s)	13c(3) PN(s)
							1.
V-7							
Cautio	n: A penalty for the late or incomplete filing of this return/report w	rill be assessed unla	ss reasonable cause	e is a	etablich		L
Under SB or	penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	clare that I have exar	nined this return/renor	rt ind	cluding if	annlicable a Si	chedule ge and
SIGI	Name ()	7-12-12	Sharo		5	uffig	
HER		Date	Enter pame of individ	•	oignin-		
SIGI	8/10.10	7-12-12	Suaro			s plan administr	аюг
HER		<u> </u>			~	1 7	
	and instruction of embloyer/bian sponsor	Date	Enter name of individ	dual	signing as	s employer or p	lan sponsor

Schedule SB, line 19 - Discounted Employer Contributions

Snuffin's Catering Defined Benefit Pension Plan 91-1504946 / 002

For the plan year 1/1/2011 through 12/31/2011 Valuation Date: 12/31/2011

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Applied Carryover Or Prefunding Bal	12/31/2011	\$61,616					
PFB Applied to Quarterly Contribution	4/15/2011	44,243	42,801	0	44,243	5.03	10.03
PFB Applied to Quarterly Contribution	7/15/2011	17,373	17,003	0	17,373	5.03	10.03
Totals for Applied Carryover or Prefunding Bal	ance	\$61,616	\$59,804	\$0	\$61,616		····
Deposited Contribution	6/18/2012	\$150,000					
Applied to Quarterly Contribution	7/15/2011	26,870	25,156	0	26,870	5.03	10.03
Applied to Quarterly Contribution	10/15/2011	44,243	41,909	0	44,243	5.03	10.03
Applied to MRC	12/31/2011	34,644	33,863	0	0	5.03	0
Applied to Quarterly Contribution	1/15/2012	44,243	42,402	0	44,243	5.03	10.03
Totals for Deposited Contribution		\$150,000	\$143,330	\$0	\$115,356		

Schedule SB, line 32 - Schedule of Amortization Bases

Snuffin's Catering Defined Benefit Pension Plan

91-1504946 / 002

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

-	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	12/31/2011	49,435	Shortfall	49,435	7	7,811
Totals:				\$49,435		\$7,811

Schedule SB, line 26 - Schedule of Active Participant Data

Snuffin's Catering Defined Benefit Pension Plan 91-1504946/002

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

Years of Credited Service

Attained	nder 1	1 to 4		10 to	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up		
		1 to 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
up												

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Snuffin's Catering Defined Benefit Pension Plan 91-1504946 / 002

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 last 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 - None

Turnover/Disability - None
Salary Scale - 2%
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

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 - 8.5%

Mortality Table - G83M - 1983 Group Annuity (male)

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use average 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

Snuffin's Catering Defined Benefit Pension Plan 91-1504946 / 002

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

Plan #: 002

Employer: Snuffin's Catering

Type of Entity - S-Corporation

EIN: 91-1504946 TIN:

<u>Dates:</u> Effective - 1/1/2006 Year end - 12/31/2011 Valuation - 12/31/2011

Top Heavy Years - 2006, 2007, 2008, 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 - 500 Vesting - 1000

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

Retirement: Normal - First of month coincident with or next following attainment of age 65 and completion of 5 years 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 graded benefit formula below:

Employee Classification Benefit Formula

not less than 6.25% of average monthly

A compensation per year of participation limited to

25 year(s)

not less than 6.4% of average monthly

B compensation per year of participation limited to

25 year(s)

not less than 3% of average monthly

C compensation per year of participation limited to

25 year(s) not less than

Accrued Benefit - Unit credit 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

<u>Top Heavy Minimum:</u> Provided in another plan

IRS Limitations: 415 Limits - Percent: 100 Dollar: \$195,000

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

Normal Form: Life Annuity

Optional Forms: Lump Sum

Life Annuity Guaranteed for 10 Years

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

Schedule SB, Part V Summary of Plan Provisions

Snuffin's Catering Defined Benefit Pension Plan 91-1504946 / 002

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

Vesting Schedule:	Years	Percent
	0-1	0%
	2	20%
	3	40%
	4	60%
	5	80%
	6	100%

Service is calculated using all years of service except years prior to plan effective date

Present Value of Accrued Benefit: 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).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

▶ File as an attachment to Form 5500 or 55	500-SF.								
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011	and ending	12/31/2011							
▶ Round off amounts to nearest dollar.									
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause	se is established.								
A Name of plan	B Three-digit								
Snuffin's Catering Defined Benefit Pension Plan	plan number (F	PN) ▶ 002							
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	Employer Identifi	cation Number (EIN)							
Snuffin's Catering	91-15	504946							
E Type of plan: X Single Multiple-A Multiple-B F Prior year plan size: X	100 or fewer 10	1-500 More than 500							
Part I Basic Information	<u></u>								
		Service restrict of the service of t							
2 Assets:		2007.255							
a Market value									
b Actuarial value	2	997,35							
3 Funding target/participant count breakdown (1) Nun	mber of participants	(2) Funding Target							
a For retired participants and beneficiaries receiving payment 3a	0								
b For terminated vested participants	0								
C For active participants:									
(1) Non-vested benefits		9,744							
(2) Vested benefits		868,479							
(3) Total active	6	878,223							
d Total 3d	6	878,223							
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)		676,225							
(2)									
a Funding target disregarding prescribed at-risk assumptions	 								
	41								
5 Effective interest rate	5	5.03							
6 Target normal cost	6	195,323							
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachmen accordance with applicable law and regulations. In my option each other assumption is reasonable (taking into account the exper combination, offer my best estimate of intigrated experience under the plan.	nts, if any, is complete and irience of the plan and reas	accurate. Each presribed assumption was applied in onable expectations) and such other assumptions, in							
SIGN HERE		06/20/2012							
Signature of actuary		Date							
Robert M. Haness		11-04945							
Type or print name of actuary	Mos	t recent enrollment number							
Haness & Associates, LLC	((916) 435-9830							
Firm name P.O. Box 836	Telepho	ne number (including area code)							
US Rocklin CA 95677									
Address of the firm									
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completi instructions	ing this schedule, ch	eck the box and see							

Schedule SB (Form 550	00) 2011	

Pa	rt II Be	ginning of year	carryove	er and p	refunding bala	nces						
	-36H: NI=29						(a) (Carryover balance		(b) F	refundi	ng balance
7	Balance at	beginning of prior yea	r after appl	icable adju	istments (line 13 fro	om prior						
									0			175,054
8	The state of the s											20 400
<u> </u>												30,489
10									0			144,565
11		line 9 using prior year excess contributions							0	B102 E10000		15,931
• •				·	· ·							
		value of excess contri			• •							0
		on (a) using prior year e provided (see instru										0
		ailable at beginning of	,			150						0
		of (c) to be added to p		•		199						0
12		tions in balances due					OF HELD SAVE		0			0
13		beginning of current ye							0			160,496
dexor.	100000000000000000000000000000000000000			50.5	110 12) .				<u> </u>			100,490
14	MARKET STATE OF THE STATE OF TH	Funding percenta								1	44 [
		get attainment percen									14	94.37 %
15		nding target attainmer					· · · · · · · · · · · · · · · · · · ·				15	106.56 %
10	current years	funding percentage for 's funding requirement	or purposes it	s or determ	ining whether carry	over/pretur	nding bala	nces may be use	d to reduc	e [16	97.35 %
17		it value of the assets									17	%
W155-00	SECRETARIA DE LA COMPANSIONA DEL COMPANSIONA DE LA COMPANSIONA DEL COMPANSIONA DE LA	Contributions an										
-		is made to the plan fo				ovees:					······································	
	(a) Date	(b) Amount p			nount paid by	, · · · · · · · · · · · · · · · · · · ·	Date	(b) Amoun	t paid by		c) Amo	unt paid by
	M-DD-YYYY)	employer(nployees	(MM-DD		employ		`		oyees
06/	/18/2012	1	50,000									

									•			
Waltz-1-1												
						Totals >	- 18(b)		150,00	₀₀ 18(c)		0
19	Discounted	employer contribution	s see ins	structions f	or small plan with a	valuation o	date after t	the beginning of t				
		ions allocated toward							19a	\\		0
	b Contributions made to avoid restrictions adjusted to valuation date											
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date 19c 143,330											
20												
	a Did the plan have a "funding shortfall" for the prior year?											
	D If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?											
	U 11 ZUA 15	res, see instructions	and comp		shortfall as of end		of this plan	n vear		100		
	(1) 1st			2nd	or squarter		3rd		(4	4) 4th	1

Page 2

Pa	art V Assumptio	ons used to determine	funding target and target	normal cost				
21								
	a Segment rates:	1st segment: 1.99 %	2nd segment: 5.12 %	3rd segment 6.24		N/A, full yield curve used		
	b Applicable month	(enter code)			21b	0		
22	Weighted average re	22	66					
	Mortality table(s) (see			scribed - separate	Substitu			
Pa	rt VI Miscellane	ous items						
24	Has a change been n	nade in the non-prescribed a	ctuarial assumptions for the current	t plan vear? If "Yes." se	e instructio	ns regarding required		
25	Has a method change	e been made for the current	olan year? If "Yes," see instructions	regarding required atta	chment .	Yes 🗶 No		
26	Is the plan required to	provide a Schedule of Activ	e Participants? If "Yes," see instruc	ctions regarding require	d attachme	nt X Yes No		
27			unding rules, enter applicable code		27			
Pa	l l		um required contributions					
28			years		28			
29	Discounted employer	contributions allocated towa	rd unpaid minimum required contrit	outions from prior years				
30			ontributions (line 28 minus line 29)		30	C		
Pa		required contribution			1			
		djusted, if applicable (see in						
			···············		210	105 223		
					31a 31b	195,323		
32	Amortization installme		Isla	[L			
				Outstanding Bal		Installment		
					49,435	7,811		
					0	C		
33			nter the date of the ruling letter gra		33			
24) and the waived amount .			U		
-34	l otal funding requirem	nent before reflecting carryove	r/prefunding balances (lines 31a - 3	T	34	203,134		
			Carryover balance	Prefunding Bala	ance	Total balance		
35	Balances elected to u							
			0		59,804	59,804		
)		36	143,330		
37			contribution for current year adjuste		37	142 220		
38		ess contributions for current y				143,330		
***************************************					38a			
						0		
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b 0								
 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) 40 Unpaid minimum required contribution for all years								
					40			
			ension Relief Act of 2010 (
41	If a shortfall amortization	on base is being amortized p	ursuant to an alternative amortization	on schedule:				
a Schedule elected								
	b Eligible plan year(s)	for which the election in line	41a was made		🔲 200	8 2009 2010 2011		
42	Amount of acceleration	n adjustment			42			
			ed over to future plan.years		43			