## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public

Inspection Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number LEMAY MANAGEMENT LLC 401(K) PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2009 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number LEMAY MANAGEMENT LLC 26-3490524 (EIN) 2c Sponsor's telephone number 253-537-0297 P.O. BOX 44489 TACOMA, WA 98448-0489 2d Business code (see instructions) 531310 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 26-3490524 LEMAY MANAGEMENT LLC P.O. BOX 44489 TACOMA, WA 98448-0489 Administrator's telephone number 253-537-0297 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 21 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 20 complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 3799881 3750967 Total plan assets..... 7a 1069 1176 7b Total plan liabilities..... 3798812 3749791 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 19311 8a(1) (1) Employers ..... 31334 (2) Participants ..... 8a(2) (3) Others (including rollovers)..... 8a(3) 66574 **b** Other income (loss)..... 8b 117219 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 165985 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e 255 Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 166240 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -49021 Net income (loss) (subtract line 8h from line 8c)..... 8i

Transfers to (from) the plan (see instructions) .....

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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

2E 2F 2G 2J 2K 3D 2T

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		Amo	unt	
	Vas there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х				
<b>)</b>	Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported in line 10a.)	10b		X				
	Nas the plan covered by a fidelity bond?	10c	Χ				į	50000
	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				
ir	Vere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, asurance service or other organization that provides some or all of the benefits under the plan? (See astructions.)	10e	X					11
F	las the plan failed to provide any benefit when due under the plan?	10f		X				
g c	oid the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Χ					3594
	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h		X				
	10h was answered "Yes," check the box if you either provided the required notice or one of the xceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X				
t V								
ls	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 500))					П	Yes	X N
	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code							
		or se	ction 3	02 of E	ERISA?		Yes	X N
	, , ,	or se	ction 3	802 of E	ERISA?		Yes	X N
(I <b>a</b> If	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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	e date of	the let	ter ruli	ing
(I <b>a</b> If g	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	ctions, th	and e	nter th	e date of	the let	ter ruli	ing
(l a If g f yo	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver	ctions, th	and e	nter th	e date of	the let	ter ruli	ing
(I a If g fyo	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver	ctions, th	and e	nter th Day <sub>-</sub>	e date of	the let	ter ruli	ing
(I g f yo D E E E	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.  Mon  u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  nter the minimum required contribution for this plan year.	ctions, th of a	and e	nter th Day _	e date of	the let	ter ruli	ing
(I g fyo D E E S n	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.  Monu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Inter the minimum required contribution for this plan year.  Inter the amount contributed by the employer to the plan for this plan year.  Under the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left)	of a	and e	nter th Day 12b 12c 12d	e date of	the let	ter ruli	ing
(I g f yo D E S E N S	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.  Monu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inter the minimum required contribution for this plan year.  Inter the amount contributed by the employer to the plan for this plan year.  Under the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	of a	and e	nter th Day 12b 12c 12d	e date of	the let	ter ruli	ing
(I If g g g g g g g g g g g g g g g g g g	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.  Monu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inter the minimum required contribution for this plan year.  Inter the amount contributed by the employer to the plan for this plan year.  Unubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount).  In the minimum funding amount reported on line 12d be met by the funding deadline?	of a	and e	nter th Day _ 12b 12c 12d	e date of	the let Year	ter ruli	ing
(I)  g f yo  E  J S n  T  T  T  T  T  T  T  T  T  T  T  T	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.  Monu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inter the minimum required contribution for this plan year.  Inter the amount contributed by the employer to the plan for this plan year.  Under the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount).  It was applicable.)  It was applicable.  It was applicable.)  It was applicable.  It was applicable.	of a	and e	nter th Day _ 12b 12c 12d	e date of	the let Year	ter ruli	ing
(I)  (I)  (I)  (I)  (I)  (I)  (I)  (I)	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.  Monu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inter the minimum required contribution for this plan year.  Inter the amount contributed by the employer to the plan for this plan year.  Inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount).  In a Terminations and Transfers of Assets  It is a resolution to terminate the plan been adopted in any plan year?  "Yes," enter the amount of any plan assets that reverted to the employer this year.  If yes, "enter the amount of any plan assets that reverted to the employer this year.  If yes, "enter the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the plan assets distributed to participants or beneficiaries.	of a	and e	nter the Day 12b 12c 12d	e date of	the let Year	do	ing
(IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.  Monutompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Interest the minimum required contribution for this plan year.  Interest the amount contributed by the employer to the plan for this plan year.  Interest the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount).  In Plan Terminations and Transfers of Assets  It is a resolution to terminate the plan been adopted in any plan year?  "Yes," enter the amount of any plan assets that reverted to the employer this year.  In Plan Terminations and Transfers of Assets  It is a resolution to terminate the plan been adopted in any plan year?  "Yes," enter the amount of any plan assets that reverted to the employer this year.  In Plan Terminations and Transfers of Assets  In It is a resolution to terminate the plan been adopted in any plan year?  In Terminations and Transfers of Assets  In It is a resolution to terminate the plan been adopted in any plan year?  In Terminations and Transfers of Assets  In It is a plan to another plan, or brought of the PBGC?.  In It is a plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan year.	of a	and e	nter the Day 12b 12c 12d	e date of	the let Year	ter ruli	ing
(IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.  Monu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Inter the minimum required contribution for this plan year.  Inter the amount contributed by the employer to the plan for this plan year.  Inter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount)  It is plan Terminations and Transfers of Assets  It is a resolution to terminate the plan been adopted in any plan year?  "Yes," enter the amount of any plan assets that reverted to the employer this year.  "Yes," enter the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	of a	and e	nter the Day 12b 12c 12d	Yes X	the let Year	do	N/A
(I (	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	of a	and e	nter th Day 12b 12c 12d Y	Yes X	the let Year	lo Yes	N/A
(I (I g g g g g g g g g g g g g g g g g	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	of a	and e	12b 12c 12d Y	Yes  Es X	the let Year	lo Yes	N/A

SIGN	Filed with authorized/valid electronic signature.	07/30/2012	SCOTT PENNER
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 Senefits 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

A. A. L. K. J. L. A. J. L. A.	art I Annual Report Identification Information					
For		)1/01/2	011 and ending		12/31/2011	
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participa	nt 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 m	onths)	1	
С	Check box if filing under: Form 5558	automatio	extension		DFVC program	
	special extension (enter description	on)				
P	art II Basic Plan Information—enter all requested inform	ation				
1a	Name of plan	,		1b	Three-digit	
	LeMay Management LLC 401(k) Plan				plan number (PN) ▶	001
				10	Effective date of p	
				'	01/01/2009	
2a	Plan sponsor's name and address; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identific	ation Number
	LeMay Management LLC				(EIN) 26-3490	524
				2c	Sponsor's telephot (253) 537-0	
	P.O. Box 44489			24	· · · · · · · · · · · · · · · · · · ·	
			WA 98448-0489	Zu	Business code (se 531310	e instructions)
3a	Tacoma Plan administrator's name and address (if same as plan sponsor, e	nter "Same	· · · · · · · · · · · · · · · · · · ·	3b	Administrator's Ell	V
	Same		,	Ļ		
				3C	Administrator's tel	ephone number
4	If the name and/or EIN of the plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN	
Ī	name, EIN, and the plan number from the last return/report.		•			
	Sponsor's name			4c	PN	0.4
	Total number of participants at the beginning of the plan year			<u>5a</u>		24
	Total number of participants at the end of the plan year			5b		21
С	Number of participants with account balances as of the end of the complete this item)			5c		20
6a	Were all of the plan's assets during the plan year invested in eligib			,		X Yes No
	Are you claiming a waiver of the annual examination and report of	an indeper	ident qualified public accountant (IQ	PA)		Yes ∏ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes   No
P	If you answered "No" to either 6a or 6b, the plan cannot use F	OI III 3300-	or and must instead use Form 55	00.		
7	Plan Assets and Liabilities	8 60 85 50	(a) Beginning of Year		(b) End of	Year
-	Total plan assets	. 7a	3,799,88	31		3,750,967
	Total plan liabilities		1,00	ŝ9		1,176
c	Net plan assets (subtract line 7b from line 7a)	. 7c	3,798,83	.2		3,749,791
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	$\perp$	oT (d)	tal
а		0-/4\	19,33	1	version publications	
	(1) Employers	8a(1) 8a(2)	31,33	10.00		
	(2) Participants					
b		8b	66,5	7 4		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			25 U	**************************************	117,219
d			ones contra para nationale en militar de la malla esta en mentantica (1991) (1991) (1992) (1992) (1992) (1993)			
	to provide benefits)	. 8d	165,98	15		
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		_		
			^r	· - 1000000		
f	Administrative service providers (salaries, fees, commissions)	. 8f	- 25	55		
f g	Other expenses	. 8f . 8g	25	55		166 240
f g h	Other expenses (add lines 8d, 8e, 8f, and 8g)	8f 8g 8h	2.	55		166,240
	Other expenses	8f 8g 8h	25	55		166,240 (49,021)

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	haracteristics
Part IV	

Signature of employer/plan sponsor

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

::::::::::::::::::::::::::::::::::::::	AND THE RESERVE OF THE PERSON						
Part	V Compliance Questions					1	
10	During the plan year:			Yes	No	A	mount
а	Was there a failure to transmit to the plan any participant contributions was 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary 6	Correction Progra	m) 10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	not include transa	ctions reported 10b		Х	==-	
С	Was the plan covered by a fidelity bond?	10c	Х			500,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?	aused by fraud		Х			
е	Were any fees or commissions paid to any brokers, agents, or other per insurance service or other organization that provides some or all of the binstructions.)	sons by an insura benefits under the	nce carrier, plan? (See	Х			113
f	Has the plan failed to provide any benefit when due under the plan?		10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)	10g	Х			35,948
h	If this is an individual account plan, was there a blackout period? (See ir 2520.101-3.)	nstructions and 29	CFR		Х		
Ĭ	If 10h was answered "Yes," check the box if you either provided the requexceptions to providing the notice applied under 29 CFR 2520.101-3	uired notice or one	e of the		Х		
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? 5500))						Yes X No
12	Is this a defined contribution plan subject to the minimum funding requir	rements of section	412 of the Code or se	ection (	302 of	ERISA?	Yes 🛛 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 amo	ortized in this plan	year, see instructions	, and e	nter ti Dav	he date of the Y	letter ruling ear
ify	you 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			L	12b		
C	Enter the amount contributed by the employer to the plan for this plan ye	ear			12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)	esult (enter a minu	is sign to the left of a		12d		
е	Will the minimum funding amount reported on line 12d be met by the fun	nding deadline?				Yes	No N/A
Part	\$	•					
yer.ranonaver	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 employ	ver this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?				ntrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	s plan to another	plan(s), identify the pla	n(s) to	•		·
1	3c(1) Name of plan(s):			13	c(2) E	IN(s)	<b>13c(3)</b> PN(s)
	on: A penalty for the late or incomplete filing of this return/report w						
SB or	r penalties of perjury and other penalties set forth in the instructions, I dec Schedule MB completed and signed by an enrolled actuary, as well as to tis true, correct, and complete.	clare that I have e he electronic vers	ion of this return/repor	t, and	to the	ng, if applicabl best of my kr	e, a Schedule owledge and
SIG	Seat Ven	7-27-12	Scott Per	nei			· ·
HER		ate	Enter name of individ			as plan admini	strator
SIG							
HER	7A 7A 2016	ate	Enter name of individ	ual sig	ning a	as employer o	r plan sponsor