## 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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

Part II   Annual Report Identification Information   The recisionary paint year 2011 on tisses plan year betaprings of 1018/12012   and ending 01/31/2012	F	Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500-SF.									
A This return/report is for:    This return/report is:   the first eturn/report   a multiple-employer plan (not multiemployer)   a one-participant plan   the first eturn/report   the first eturn/	P										
B This return/report is:	For	calend			2	and ending 0	1/31/2	012			
an amended return/report   an attended return/report   automatic extension   DFVC program   DFVC	Α	This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer)  a one-participant plan					a one-participant plan				
C Check box if filing under:    an amended return/report   s short plan year return/report (less than 12 months)   DFVC program	В							_			
C Check box if filing under:			[	an amended return/report	a short pla	an vear return/report (less than 12 mo	onths)				
Special extension (enter description)   Part II   Basic Plan Information—enter all requested information   1a Name of plan   1b Three-digit plan number (PR)   001   1c Effective date of plan 01/12/207   1c Effective date of plan number (PR)   001   1c Effective date of plan 01/12/207   1c Effective date of plan number (PR)   001   1c Effective date of plan 01/12/207   1	_	Chaola	hav if filing under	╡ '			,	DEVC program			
Part II   Basic Plan Information—enter all requested information   1a Name of plan   CONTRACTORS AND EMPLOYEES 401(K) PLAN	C	Check	box if filling under:	븍		, exterision	L	_ Di ve piogram			
10 Three-dight plan CONTRACTORS AND EMPLOYEES 401(K) PLAN  2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) (PN) ≥ 001  2b Effective date of plan 0,010,12007  2c Sponsor's telephone number (employer, if for a single-employer plan) (PN) ≥ 1,701609  2c Sponsor's telephone number (employer, if for a single-employer plan) (PN) ≥ 1,701609  2d Business code (see instructions) 2,37310  3a Plan administrator's name and address (if same as plan sponsor, enter "Same") (PO BOX 838 ELLENSBURG, WA 98926)  3d Plan administrator's name and address (if same as plan sponsor, enter "Same") (PO BOX 638 ELLENSBURG, WA 98926)  3d Plan administrator's tell plan sponsor (each instructions) (PO BOX 638 ELLENSBURG, WA 98926)  3d Plan administrator's tell plan sponsor (each instructions) (PO BOX 638 ELLENSBURG, WA 98926)  3d Plan administrator's tell plan sponsor (each instructions) (PO BOX 638 ELLENSBURG, WA 98926)  3d Plan administrator's tell plan sponsor (each instructions) (PO BOX 638 ELLENSBURG, WA 98926)  3d Plan administrator's tell plan sponsor (each instructions) (PO BOX 638 ELLENSBURG, WA 98926)  3d Plan administrator's tell plan sponsor (each instructions) (PO BOX 638 ELLENSBURG, WA 98926)  3d Plan administrator's tell plan sponsor (each instructions) (PO BOX 638 ELLENSBURG, WA 98926)  3d Plan administrator's tell plan sponsor (each instructions) (PO BOX 638 ELLENSBURG, WA 98926)  3d Plan administrator's tell plan sponsor (each instructions) (PO BOX 638 ELLENSBURG, WA 98926)  3d Plan administrator's tell plan sponsor (each instructions) (PO BOX 638 ELLENSBURG, WA 98926)  3d Plan administrator (PO BOX 648 ELLENSBURG, WA 98926)  3d Plan administrator (PO BOX 648 ELLENSBURG, WA 98926)  3d Plan administrator (PO BOX 648 ELLENSBURG, WA 98926)  3d Plan administrator (PO BOX 648 ELLENSBURG, WA 98926)  3d Plan administrator (PO BOX 648 ELLENSBURG, WA 98926)  3d Plan administrator (PO BOX 648 ELLENSBURG, WA 98926)  3d Plan administrator (PO BOX 648 ELLENSBURG, WA 98926)  3d P	_	4 11		_ ' ' '							
CONTRACTORS AND EMPLOYEES 401(K) PLAN    Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)   C   Effective date of plan   O1001/20007				nation—enter all requested information	ation		46				
22 Plan sporsor's name and address, include room or suite number (employer, if for a single-employer plan)  MRM CONSTRUCTION, INC.  25 Employer dendication Number (employer, if for a single-employer plan)  MRM CONSTRUCTION, INC.  26 Sponsor's telephone number (sonsor's start in the plan year)  27 Sponsor's telephone number (sonsor's start in the plan year)  27 Sponsor's telephone number (sonsor's start in the plan year)  28 Business code (see instructions)  27 Sponsor's telephone number (sonsor's start in the plan year)  27 Sponsor's telephone number (sonsor's start in the plan year)  28 ELLENSBURG, WA 98926  30 Administrator's stelephone number (sonsor's start in the plan year)  31 Total number of participants at the end of the plan year.  32 Sponsor's stelephone number (sonsor's stelephone number from the last return/report.  35 Total number of participants at the end of the plan year.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the reme, EIN, and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the reme, EIN, and the plan number from the last return/report.  5 Total number of participants at the end of the plan year.  5 Department of participants at the end of the plan year.  5 Department of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5 Cell Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5 Cell Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5 Cell No Part III   Financial Information   Partment of Pa				\$ 401(K) PLAN							
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  MRM CONSTRUCTION, INC.  PO BOX 838  ELLENSBURG, WA 98926  2a Sponsor's stelephone number 509-925-8000  2d Business code (see instructions) 237310  3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 217310  3b Administrator's telephone number 509-925-8000  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number for the steephone number 508-925-6000  5a Total number of participants at the edginning of the plan year.  5b Total number of participants at the end of the plan year.  5c Vanber of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c Variety of the plan sponsor 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.  Part III Financial Information  7b In Assets and Liabilities.  7a (a) Beginning of Year (b) End of Year (a) Amount (b) Total  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total  8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total  8 Income, Expenses, and Transfers for this Plan	CON	TIVACT	TORO AND LIVII LOTELO	THO I (IV) I LAIN				' .			
28   Employer Identification Number (Employer, if for a single-employer plan)     28   Employer Identification Number (EN)   91-1701609   22   (EN) 91-1701609   23   25   (EN) 925-6000   26   Employer Identification Number (EN) 91-1701609   23   23   23   24   23   23   24   23   23							1c	Effective date of plan			
MRM CONSTRUCTION, INC.  PO BOX 838 ELLENSBURG, WA 98926  2d Business code (see instructions) 237310  3a Plan administrator's name and address (if same as plan sponsor, enter "Same") PO BOX 838 ELLENSBURG, WA 98926  3b Administrator's EIN 91-1701609  3c Administrator's EIN 91-1701609  3c Administrator's EIN 91-1701609  3d Administ								01/01/2007			
POBOX 838 ELEENSBURG, WA 98926  33 Plan administrator's name and address (if same as plan sponsor, enter "Same") MEMICONSTRUCTION, INC. PO BOX 838 ELLENSBURG, WA 98926  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number from the last return/report. a Sponsor's name  54 Total number of participants at the beginning of the plan year. 55 Total number of participants at the end of the plan year.  6 Nere all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  7 Plan Assets and Liabilities  7 Part III   Financial Information  7 Plan Assets and Liabilities  8 (a) Beginning of Year  8 Total plan assets. 7 A 4685  8 Controlled in the plan's assets (subtract line 7b from line 7a). 7 Plan Assets and Liabilities  8 (a) Beginning of Year  9 (b) End of Year  10 (b) Total plan assets. 10 (c) Net plan assets. 20 (c) Participants 21 (c) Employers. 22 (c) Participants 23 Total plan assets. 36 (c) Amount (b) Total 37 (c) Expenses, and Transfers for this Plan Year 38 (c) 0  9 O 0 0  10 Employers. 38 (d) 0  10 Employers				ess; include room or suite number (e	mployer, if	for a single-employer plan)	2b				
ELLENSBURG, WA 98926  2d Business code (see instructions) 237310  3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MRMM CONSTRUCTION, INC.  PO BOX 838 ELLENSBURG, WA 98926  3c Administrator's telephone number 509-925-6000  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year (defined benefit plans do not complete this item).  5 Total number of participants at the end of the plan year invested in eligible assets? (See instructions.)  5 C C  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  6 If you asswered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  Part III Financial Information  7 Plan Assets and Liabilities  7 D 0 0 0 0  Total plan liabilities  7 D 0 0 0 0  Total plan assets (subtract line 7b from line 7a)  8 (1) 0 0 0  Total plan sassets (subtract line 7b from line 7a)  8 (2) Participants  Contributions received or receivable from:  (1) Employers  8 (2) 0 0  3 Others (including rollovers)  8 (2) Participants  6 C Total income (loss)  8 (3) 0 0  D Other income (oss)  8 (4) 0  Contributions received or receivable from:  (1) Employers  8 (2) 0  G Total plan identifies (sold from complete from compl	MRIV	/I CONS	STRUCTION, INC.					(=,			
2d Business code (see instructions)   237310   3a Plan administrator's name and address (if same as plan sponsor, enter "Same")   PO BOX 838   ELLENSBURG, WA 98926   3c Administrator's EINN 91-1701609   3c Administrator's EINN 91-1701609   3c Administrator's EINN 91-1701609   3c Administrator's EINN 91-1701609   3c Administrator's Elephone number 509-925-6000   3c Administrator's Elephone nu							2c				
3a Plan administrator's name and address (if same as plan sponsor, enter "Same")			<del>-</del>								
3a Plan administrator's name and address (if same as plan sponsor, enter "Same")   7c   9c   9c   8c   8c   9c   9c   9c   9	ELLE	NSBU	RG, WA 98926				2a				
MRM CONSTRUCTION, INC.    PO BOX 838   ELLENSBURG, WA 98926   3C Administrator's telephone number 509-925-6000   3C PN	32	Dlong	dministrator's name and	address (if same as plan spansor, or	otor "Como	,"\	3h				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year.  b Total number of participants at the end of the plan year.  c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c				PO BOX 838			30				
## If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  ## Sponsor's name  ## Ac PN    Sa   Sponsor's name				ELLENSBUR	G, WA 989	926	3c	Administrator's telephone number			
name, EIN, and the plan number from the last return/report.  a Sponsor's name  5a Total number of participants at the beginning of the plan year											
a Sponsor's name  5a Total number of participants at the beginning of the plan year	4				ast return/i	report filed for this plan, enter the	4b	EIN			
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         c       Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       ✓ Yes ☐ No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       ✓ Yes ☐ No         lf you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III       Financial Information         7       (a) Beginning of Year       (b) End of Year         a Total plan assets and Liabilities       (a) Beginning of Year       (b) End of Year         a Total plan liabilities.       7a       4685       0         b Total plan liabilities.       7b       0       0         c Net plan assets (subtract line 7b from line 7a).       7c       4685       0         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         (1) Employers       8a(1)       0         (2) Participants       8a(2)<	а		•	er from the last return/report.			<b>4</b> c	PN			
b Total number of participants at the end of the plan year				the beginning of the plan year							
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)											
Sc   Complete this item).   Sc   Complete this item and report of an independent qualified public accountant (IQPA)   Sc   Complete this item and report of an independent qualified public accountant (IQPA)   Sc   Complete this independent							ac				
Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (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.  Part III Financial Information  7 Plan Assets and Liabilities  (a) Beginning of Year  (b) End of Year  1 Total plan assets	C				• (	•	5с				
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.)	6a	Were	all of the plan's assets o	luring the plan year invested in eligib	le assets?	(See instructions.)		X Yes No			
Fi you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.    Part III   Financial Information			•	•		· ·					
Part III   Financial Information   Financial Information     7   Plan Assets and Liabilities   7a   4685   0     b   Total plan assets   7b   0   0   0     c   Net plan assets (subtract line 7b from line 7a)   7c   4685   0     8   Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total     a   Contributions received or receivable from: (1) Employers   8a(1)   0     (2) Participants   8a(2)   0     (3) Others (including rollovers)   8a(2)   0     (3) Other income (loss)   8b   -61     c   Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   8c   8c   4624     e   Certain deemed and/or corrective distributions (see instructions)   8f   0     g   Other expenses   8g   0     h   Total expenses (add lines 8d, 8e, 8f, and 8g)   8h   4624     i   Net income (loss) (subtract line 8h from line 8c)   8i   -4685     c   Total (loss) (subtract line 8h from line 8c)   8i   -4685     c   Total (loss) (subtract line 8h from line 8c)   8i   -4685     c   Total (loss) (subtract line 8h from line 8c)   8i   -4685     c   Total (loss) (subtract line 8h from line 8c)   8i   -4685     c   Total (loss) (subtract line 8h from line 8c)   8i   -4685     c   Total (loss) (subtract line 8h from line 8c)   8i   -4685     c   Total (loss) (subtract line 8h from line 8c)   8i   -4685     c   Total (loss) (subtract line 8h from line 8c)   8i   -4685     c   Total (loss) (subtract line 8h from line 8c)   8i   -4685     c   Total (loss) (subtract line 8h from line 8c)   8i   -4685     c   Total (loss) (subtract line 8h from line 8c)   8i   -4685     c   Total (loss) (subtract line 8h from line 8c)   8i   -4685     c   Total (loss) (subtract line 8h from line 8c)   8i   -4685     c   Total (loss) (subtract line 8h from line 8c)   8i   -4685     c   Total (loss) (subtract line 8h from line 8c)   8i   -4685     c   Total (loss) (subtract line 8h from line 8c)   8i   -4685     c   Total (loss) (subtract line 8h from line 8c)   8i   -4685     c   Total (loss) (subtract line 8h from line 8c)   8i   -4685     c   Total (loss)			,			•		X Yes   No			
7         Plan Assets and Liabilities         (a) Beginning of Year         (b) End of Year           a         Total plan assets         7a         4685         0           b         Total plan liabilities         7b         0         0           c         Net plan assets (subtract line 7b from line 7a)         7c         4685         0           8         Income, Expenses, and Transfers for this Plan Year         (a) Amount         (b) Total           a         Contributions received or receivable from:	Da				orm 5500-	SF and must instead use Form 55	00.				
a Total plan assets         7a         4685         0           b Total plan liabilities         7b         0         0           c Net plan assets (subtract line 7b from line 7a)         7c         4685         0           8 Income, Expenses, and Transfers for this Plan Year         (a) Amount         (b) Total           a Contributions received or receivable from:         (1) Employers         8a(1)         0           (2) Participants         8a(2)         0           (3) Others (including rollovers)         8a(2)         0           Bo Other income (loss)         8b         -61           C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)         8c         -61           C Total including direct rollovers and insurance premiums to provide benefits)         8d         4624           Be Certain deemed and/or corrective distributions (see instructions)         8e         0           f Administrative service providers (salaries, fees, commissions)         8f         0           g Other expenses         8g         0           h Total expenses (add lines 8d, 8e, 8f, and 8g)         8h         4624           i Net income (loss) (subtract line 8h from line 8c)         8i         -4685	7		•	ation				# 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
Total plan liabilities	′_	_			_	\		(b) End of Toda			
C         Net plan assets (subtract line 7b from line 7a)											
8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers			•								
a Contributions received or receivable from:       8a(1)       0         (1) Employers       8a(2)       0         (2) Participants       8a(2)       0         (3) Others (including rollovers)       8a(3)       0         b Other income (loss)       8b       -61         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       -61         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       4624         e Certain deemed and/or corrective distributions (see instructions)       8e       0         f Administrative service providers (salaries, fees, commissions)       8f       0         g Other expenses       8g       0         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       4624         i Net income (loss) (subtract line 8h from line 8c)       8i       -4685				•	/c						
(1) Employers       8a(1)       0         (2) Participants       8a(2)       0         (3) Others (including rollovers)       8a(3)       0         b Other income (loss)       8b       -61         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       -61         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       4624         e Certain deemed and/or corrective distributions (see instructions)       8e       0         f Administrative service providers (salaries, fees, commissions)       8f       0         g Other expenses       8g       0         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       4624         i Net income (loss) (subtract line 8h from line 8c)       8i       -4685						(a) Amount		(b) Total			
(2) Participants	а				8a(1)	0					
(3) Others (including rollovers)		` '	, ,			0					
b Other income (loss)		` '	•			0					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	b	` '	, ,	•		-61					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	_							-61			
to provide benefits)			, , ,	, , , , , , , , , , , , , , , , , , , ,							
f Administrative service providers (salaries, fees, commissions)				•	8d	4624					
## Administrative service providers (salaries, rees, commissions)	е	Certai	in deemed and/or correct	tive distributions (see instructions)	8e						
h       Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Admir	nistrative service provide	rs (salaries, fees, commissions)	8f	0					
i Net income (loss) (subtract line 8h from line 8c)	g	Other	expenses		. 8g	0					
Treatment (loss) (such a fler of the first treatment of the fler o	h	Total	expenses (add lines 8d,	8e, 8f, and 8g)	8h			4624			
j Transfers to (from) the plan (see instructions)	i	Net in	come (loss) (subtract line	e 8h from line 8c)	8i			-4685			
	_ j	Trans	fers to (from) the plan (se	ee instructions)	8j	0					

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Part IV	Plan Characteristics

- 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 3D 2T
  - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions						
10	During the plan year:		Yes	No	Α	mount	
а	Was 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		0	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	Χ			10000	
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			
h	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					
Part	VI Pension Funding Compliance						
11							
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ection	302 of I	ERISA?	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 instrugranting the waiverMon						
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Duy.	•	<u></u>	
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	· · · · · · · · · · · · · · · · · · ·						
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						
Part	VII Plan Terminations and Transfers of Assets						
13a	A 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						
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):		13	<b>c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.							
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, 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.	08/24/2012	KERRY GONZALES
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