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 X a short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension 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 MURPHY BROTHERS, INC. PROFIT SHARING PLAN (PN) ▶ 002 1c Effective date of plan 07/01/1972 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number SHAMROCK PAVING, INC. 91-0598512 (EIN) 2c Sponsor's telephone number 509-244-2800 110 N. HAYFORD ROAD SPOKANE, WA 99204 2d Business code (see instructions) 238300 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 110 N. HAYFORD ROAD SHAMROCK PAVING, INC. SPOKANE, WA 99204 3c Administrator's telephone number 509-244-2800 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..... 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.) **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 3185229 0 Total plan assets..... 7a 7b Total plan liabilities..... 3185229 0 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: 0 8a(1) (1) Employers 0 (2) Participants 8a(2) 0 (3) Others (including rollovers)..... 8a(3) 134895 **b** Other income (loss)..... 8b 134895 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 3315738 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 4386 Administrative service providers (salaries, fees, commissions)....... 8f 0 Other expenses..... 8g 3320124 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h

8i

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions)

-3185229

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Form	5500.	SF.	201

Page	2	-	,		
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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 3D 2A 3H
 - If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	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		X				
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	X			10	0000	
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		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						
Part		101		ļ				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con	nplete	Sched	dule SE	(Form			
	5500))					Yes	No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ection :	302 of	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 waiver							
lf :	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			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 negative amount)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
Part								
	Has a resolution to terminate the plan been adopted in any plan year?			X	'es No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						0	
b	h Ware all the plan assets distributed to participants or haneficiaries, transferred to another plan or brought under the control							
	of the PBGC?							
С	which assets or liabilities were transferred. (See instructions.)							
1	I3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) PI	N(s)	
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cai	ISA İF	establ	ished			
	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret					e. a Schedi	ıle	
SB o	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.							

SIGN	Filed with authorized/valid electronic signature.	09/14/2012	PAMP M. MAIERS
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).

This Form is Open to Public Inspection

OMB Nos. 1210-0110 1210-0089

nternal Revenue Code (the Code).

This Form is Open to Inspection

This content This	² art I │ Annual Report Identification Information						
A This return/report is for: B This return/report is: I the first return/report I the first return/report I the first return/report I a mutiple-employer plan (not multiemployer) I a one-participant plan I the first return/report I the first return/report I the first return/report I a short plan year return/report (less than 12 months) I a a short plan year return/report (less than 12 months) I per I less than 12 months I per I less than 12 mont			170070				
B This return/report is:						07/31/2012	
C Check box if filing under: an amended return/report Sa short plan year return/report (less than 12 months) DEVC program DEVC program DEVC program DEVC program DEVC program DEVC program DEVC program DEVC program		닐		,)	a one-participant plan	
DFVC program DFVC program DFVC program DFVC program Special extension (enter description) DFVC program Special extension Special extension (enter description) DFVC program Special extension		X the fina	al return/repor				
Part II	an amended return/report	X a short	plan year retu	rn/report (less than 12 r	nonths)		
Part II Basic Plan Information—enter all requested information 1a Name of plan MURPHY BROTHERS INC. PROFIT SHARING PLAN 16 Effective date of plan 07/01/1972 2a Plan sponsor's name and address: include room or suite number (employer, if for a single-employer plan) 2b Employer identification Nu 07/01/1972 2b Employer identification Nu 07/01/1972 2c Employer identific	Check box if filing under: Form 5558	autom	atic extension			DFVC program	
All Name of plan MURPHY BROTHERS, INC. PROFIT SHARING PLAN	special extension (enter description)	ription)					
MURPHY BROTHERS, INC. PROFIT SHARING PLAN 10 10 10 10 10 10 10 10 10 10 10 10	art II Basic Plan Information—enter all requested inf	formation					
Company Comp	·				1b	Three-digit	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) SHAMROCK PAVING, INC. 110 N. HAYFORD ROAD SPOKANE WA 99204 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SHAMROCK PAVING, INC. 110 N. HAYFORD ROAD 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SHAMROCK PAVING, INC. 110 N. HAYFORD ROAD 3b Administrator's EIN 91-0598512 3c Administrator's EIN 91-0598512 3c Administrator's telephoner of SPOKANE SPOKANE SPOKANE NHAYFORD ROAD SPOKANE	JRPHY BROTHERS, INC. PROFIT SHARING PLA	źΝ				000	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) SHAMROCK PAVING, INC. 110 N. HAYFORD ROAD SPOKANE WA 99204 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SHAMROCK PAVING, INC. 110 N. HAYFORD ROAD WA 99204 310 N. HAYFORD ROAD WA 99204 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 b Total number of participants at the beginning of the plan year c C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). f C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). For all I Financial Information 7 Plan Assets and Liabilities 6 (a) Beginning of Year 7 Plan Assets and Liabilities 7 Plan Assets and Liabilities 7 Plan Assets and Liabilities 8 (a) Beginning of Year 7 A 3185229 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total (b) Total (c) Participants (a) Others (including rollovers) 8 (a) Amount (b) Total 1 Contributions received or receivable from: (1) Employers 8 (a) Amount (b) Other income (loss) C Total income (add lines 84(1), 84(2), 84(3), and 8b) 8 (a) 3315738 8 (b) Other income (loss) 8 (c) Critain deemed and/or corrective distributions (see instructions) 8 (c) Critain deemed and/or corrective distributions (see instructions) 8 (c) Critain deemed and/or corrective distributions (see instructions) 8 (c) Critain deemed and/or corrective distributions (see instructions) 8 (c) Critain deemed and/or corrective distributions (see instructions) 8 (c) Critain deemed and/or corrective distributions (see instructions) 8 (c) Critain deemed and/or corrective distributions (see instructions) 8 (c) Critain deemed and/or corrective distributions (see instructions) 8 (c) Critain d					10	(PIN)	
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11 0 N. HAYFORD ROAD 2 C Sponsor's telephone nume 509-244-2800 2 d Subject Sponsor's telephone nume Sponsor's part Sponsor's name Sponsor's	Plan sponsor's name and address; include room or suite number	er (employer	, if for a single	-employer plan)	2b	Employer Identification Number	
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SPOKANE	THE THE TOTAL TOTAL				24	······································	
3	OKANE WA 99204				Zu		
SPOKANE WA 99204 3c Administrator's telephone of 509-244-2800 509-244-2	Plan administrator's name and address (if same as plan sponso	r, enter "Sar	ne")		3b		
SPOKANE WA 99204 509-244-2800	AMROCK PAVING, INC.		•			91-0598512	
4					3с		
a Sponsor's 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. 5b Total number of participants at the end of the plan year. 5b Total number of participants at the end of the plan year. 5b Total number of participants at the end of the plan year. 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 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c Total number of participants with account balances as of the end of the plan year (defined benefits) and not conditions). 5c Total number of participants with account and (defined benefits) and an independent qualified public accountant (IQPA). 5c Total number of participants with account and report of an independent qualified public accountant (IQPA). 7c Plan Assets and Liabilities (b) End of Year (a) Beginning of Year (b) End of Year (b) End of Year (a) Beginning	If the name and/or EIN of the plan sponsor has changed since the	he last retur	n/report filed fo	or this plan, enter the	4b		
Total number of participants at the beginning of the plan year	name, EIN, and the plan number from the last return/report.		·	•			
b Total number of participants at the end of the plan year					 	PN	
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) 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. 7 a 3185229 b Total plan liabilities. 7 b 7 c 3185229 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8 a(1) 0 (2) Participants. 8 a(2) 0 (3) Others (including rollovers). 8 a(3) 0 Other income (loss). 8 b 134895 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8 c							7
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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.). Yes 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						X Yes No	 O
Flyou answered "No" to either 6a or 6b, the plan cannot use Form 5500. SF and must instead use Form 5500. Part III Financial Information	Are you claiming a waiver of the annual examination and report	of an indepe	endent qualifie	d public accountant (IQI	PA)		
Part III Financial Information 7 Plan Assets and Liabilities 7a 3185229 b Total plan liabilities. 7b 7b 7c 3185229 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 2 Contributions received or receivable from: (1) Employers. 8a(1) 0 (2) Participants. 8a(2) 0 (3) Others (including rollovers). 8a(3) 0 (4) Definition (loss). 8b 134895 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 1 C Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8e 0	under 29 CFR 2520.104-46? (See instructions on waiver eligibili	ity and cond	itions.)	•••••••••••		X Yes No)
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b Total plan liabilities 7b 7c 3185229 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(3) 0 b Other income (loss) 8b 134895 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 1 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 3315738 e Certain deemed and/or corrective distributions (see instructions) 8e 0		70	(a) t				0
C Net plan assets (subtract line 7b from line 7a)	•			310322	1		
8 Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers				318522	9		<u> </u>
a Contributions received or receivable from: (1) Employers 8a(1) 0 (2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 134895 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 1 Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 3315738 e Certain deemed and/or corrective distributions (see instructions) 8e 0					1	(h) Total	<u>~</u>
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to provide benefits)		8c				13489	5
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				-	j .		
1 1 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Administrative service providers (salaries, fees, commissions)			4386	1		
g Other expenses 8g 0				(7		
						3320124	1
			82, 9, 10 7, 3 8, 6		1		-
	Net income (loss) (subtract line 8h from line 8c)	8i				-3185229	9

	Form 5500-SF 2011 Page 2 -							
Pa	t IV Plan Characteristics							
-	If the plan provides pension benefits, enter the applicable pension $2E$ $$ 3D $$ 2A $$ 3H $$	feature codes from t	ne List of Plan Chara	acteris	tic Co	des in	the instruc	ctions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes from the	e List of Plan Charac	cteristi	c Cod	es in t	he instruct	ions:
Par	V Compliance Questions							
10 During the plan year: Yes No								Amount
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•		10b		Χ		
С	Was the plan covered by a fidelity bond?			10c	Х			100000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the benefits under	he plan? (See	10e		Х		
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х		
a	Did the plan have any participant loans? (If "Yes," enter amount as	s of year end.)		10g		Х		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)		i	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required notice or	one of the	10i				
Part	VI Pension Funding Compliance							
11	ls this a defined benefit plan subject to minimum funding requirements (5500))							☐ Yes ☐ No
12	Is this a defined contribution plan subject to the minimum funding							Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applications of the complete 12a or 12b, 12c, 12d, and 12e below, as applications of the complete 12a or 12b, 12c, 12d, and 12e below, as applications of the complete 12a or 12b, 12c, 12d, and 12e below, as applications of the complete 12a or 12b, 12c, 12d, and 12e below, as applications of the complete 12a or 12b, 12c, 12d, and 12e below, as applications of the complete 12a or 12b, 12c, 12d, and 12e below, as applications of the complete 12a or 12b, 12c, 12d, and 12e below, as applications of the complete 12a or 12b, 12c, 12d, and 12e below, as applications of the complete 12a or 12b, 12c, 12d, and 12e below, as applications of the complete 12a or 12b, 12c, 12d, and 12e below, as applications of the complete 12a or 12b, 12c, 12d, and 12e below, as applications of the complete 12a or 12b, 12c, 12d, and 12e below, as applications of the complete 12a or 12b, 12c, 12d, and 12e below, as applications of the complete 12a or 12b, 12c, 12d, and 12e below, as applications of the complete 12a or 12b, 12c, 12d, and 12e below, as applications of the complete 12a or 12b, 12c, 12d, and 12e below, as applications of the complete 12a or 12b, 12c, 12d, and 12e below, as applications of the complete 12a or 12b, 12c, 12d, and 12e below, as applications of the complete 12a or 12b, 12c, 12d, and 12e below, as applications of the complete 12a or 12b, 12c, 12d, and 12c,	•						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	g amortized in this pl						
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form 5500), a	nd 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	lan year				12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	,	-			12d		
е	Will the minimum funding amount reported on line 12d be met by the	ne funding deadline?.					Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year? .	***************************************			[X Ye	es No)
	If "Yes," enter the amount of any plan assets that reverted to the er	nployer this year	13а				0	
b	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?		RZI X					
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	m this plan to anothe	r plan(s), identify the	e plan(s) to			
1:	Sc(1) Name of plan(s):				13c(2) EIN	(s)	13c(3) PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/repo	ort will be assessed	unless reasonable	caus	e is es	stablis		
Under SB or	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	I declare that I have	examined this return	n/repo	rt, incl	uding,	if applicat	
SIGN	16 1118		Pamp M. Maie	ers				
HERE		Date	Enter name of individual signing as plan administrator				nistrator	
	(1)/11/11/11		Pamp M. Maiers					
SIGN		Date			signir	nn as 4	emnlover o	or plan sponsor
9.271.022	2. J. S. S. S. O. O. Dirbioloubian abouton	1 200	Enter name of individual signing as employer or plan sponsor					