

<b>Form 5500-SF</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  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).  <b>Complete all entries in accordance with the instructions to the Form 5500-SF.</b>	OMB Nos. 1210-0110 1210-0089  <b>2011</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b>		
For calendar plan year 2011 or fiscal plan year beginning <u>04/01/2011</u> and ending <u>03/31/2012</u>		
<b>A</b> This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan	<input type="checkbox"/> a multiple-employer plan (not multiemployer) <input type="checkbox"/> a one-participant plan
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b> Check box if filing under:	<input type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program
	<input type="checkbox"/> special extension (enter description)	

<b>Part II Basic Plan Information</b> —enter all requested information		
<b>1a</b> Name of plan <u>T. J. SPRADLIN, INC. DEFINED BENEFIT PENSION PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶	<u>002</u>
	<b>1c</b> Effective date of plan	<u>04/01/2007</u>
<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>T. J. SPRADLIN, INC.</u>  <u>167 US HIGHWAY 101</u> <u>HOQUIAM, WA 98550</u>	<b>2b</b> Employer Identification Number (EIN)	<u>91-1204163</u>
	<b>2c</b> Sponsor's telephone number	<u>360-532-1485</u>
	<b>2d</b> Business code (see instructions)	<u>113310</u>
<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") <u>T. J. SPRADLIN, INC.</u> <u>167 US HIGHWAY 101</u> <u>HOQUIAM, WA 98550</u>	<b>3b</b> Administrator's EIN	<u>91-1204163</u>
	<b>3c</b> Administrator's telephone number	<u>360-532-1485</u>
<b>4</b> 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. <b>a</b> Sponsor's name	<b>4b</b> EIN	
	<b>4c</b> PN	
<b>5a</b> Total number of participants at the beginning of the plan year	<b>5a</b>	<u>2</u>
<b>b</b> Total number of participants at the end of the plan year	<b>5b</b>	<u>2</u>
<b>c</b> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	<b>5c</b>	
<b>6a</b> Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</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.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</b>		

<b>Part III Financial Information</b>			
<b>7</b> Plan Assets and Liabilities		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets	<b>7a</b>	<u>310962</u>	<u>311069</u>
<b>b</b> Total plan liabilities	<b>7b</b>	<u>0</u>	<u>0</u>
<b>c</b> Net plan assets (subtract line 7b from line 7a)	<b>7c</b>	<u>310962</u>	<u>311069</u>
<b>8</b> Income, Expenses, and Transfers for this Plan Year		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers	<b>8a(1)</b>		
<b>(2)</b> Participants	<b>8a(2)</b>		
<b>(3)</b> Others (including rollovers)	<b>8a(3)</b>		
<b>b</b> Other income (loss)	<b>8b</b>	<u>107</u>	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<b>8c</b>		<u>107</u>
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<b>8d</b>		
<b>e</b> Certain deemed and/or corrective distributions (see instructions)	<b>8e</b>		
<b>f</b> Administrative service providers (salaries, fees, commissions)	<b>8f</b>		
<b>g</b> Other expenses	<b>8g</b>		
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g)	<b>8h</b>		<u>0</u>
<b>i</b> Net income (loss) (subtract line 8h from line 8c)	<b>8i</b>		<u>107</u>
<b>j</b> Transfers to (from) the plan (see instructions)	<b>8j</b>		

**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 3D

**b** 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**

	Yes	No	Amount
<b>10</b> During the plan year:			
<b>a</b> 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) .....		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	X		15000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>e</b> 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.) .....		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		X	
<b>i</b> 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 .....			

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ..... ☒ Yes ☐ No

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No  
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

**a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. .... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

<b>b</b> Enter the minimum required contribution for this plan year .....	<b>12b</b>	
<b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>12c</b>	
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) .....	<b>12d</b>	

**e** Will the minimum funding amount reported on line 12d be met by the 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? ..... ☐ Yes ☒ No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year ..... **13a** \_\_\_\_\_

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ..... ☐ Yes ☒ No

**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.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/28/2012	TERESE SPRADLIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  ▶ <b>File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2011</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2011 or fiscal plan year beginning 04/01/2011 and ending 03/31/2012

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>T. J. SPRADLIN, INC. DEFINED BENEFIT PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>T. J. SPRADLIN, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>91-1204163</u>
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

<b>Part I</b>	<b>Basic Information</b>
<b>1</b> Enter the valuation date: Month <u>03</u> Day <u>31</u> Year <u>2012</u>	
<b>2</b> Assets:	
<b>a</b> Market value .....	<b>2a</b> <u>311066</u>
<b>b</b> Actuarial value .....	<b>2b</b> <u>311066</u>
<b>3</b> Funding target/participant count breakdown:	
	<b>(1) Number of participants</b> <b>(2) Funding Target</b>
<b>a</b> For retired participants and beneficiaries receiving payment .....	<b>3a</b> <u>0</u> <u>0</u>
<b>b</b> For terminated vested participants .....	<b>3b</b> <u>3</u> <u>391</u>
<b>c</b> For active participants:	
<b>(1)</b> Non-vested benefits .....	<b>3c(1)</b> <u>0</u>
<b>(2)</b> Vested benefits .....	<b>3c(2)</b> <u>372335</u>
<b>(3)</b> Total active .....	<b>3c(3)</b> <u>5</u> <u>372335</u>
<b>d</b> Total .....	<b>3d</b> <u>8</u> <u>372726</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>
<b>5</b> Effective interest rate .....	<b>5</b> <u>5.34 %</u>
<b>6</b> Target normal cost .....	<b>6</b> <u>1484</u>

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	<u>07/16/2012</u>
Signature of actuary	Date
<u>ROBERT M HANESS</u>	<u>11-04945</u>
Type or print name of actuary	Most recent enrollment number
<u>HANESS &amp; ASSOCIATES, LLC</u>	<u>916-435-9830</u>
Firm name	Telephone number (including area code)
<u>PO BOX 836</u> <u>ROCKLIN, CA 95677</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2011**  
**v.012611**

<b>Part II Beginning of year carryover and prefunding balances</b>		
	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	51255
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	870
<b>9</b> Amount remaining (line 7 minus line 8) .....	0	50385
<b>10</b> Interest on line 9 using prior year's actual return of <u>0.02</u> % .....		10
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38 from prior year) .....		10
<b>b</b> Interest on (a) using prior year's effective rate of _____% except as otherwise provided (see instructions) .....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		10
<b>d</b> Portion of (c) to be added to prefunding balance.....		0
<b>12</b> Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	50395

<b>Part III Funding percentages</b>		
<b>14</b> Funding target attainment percentage.....	<b>14</b>	69.21 %
<b>15</b> Adjusted funding target attainment percentage.....	<b>15</b>	80.00 %
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	81.62 %
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

<b>Part IV Contributions and liquidity shortfalls</b>					
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			<b>18(b)</b>	0	<b>18(c)</b> 0

<b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0
<b>20</b> Quarterly contributions and liquidity shortfalls:		
<b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>c</b> If 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

**Part V Assumptions used to determine funding target and target normal cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 1.93%	2nd segment: 4.95%	3rd segment: 6.07 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

**Part VI Miscellaneous items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum required contribution for current year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6) .....	<b>31a</b>	1484	
<b>b</b> Excess assets, if applicable, but not greater than 31a .....	<b>31b</b>		
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	114746	18076	
<b>b</b> Waiver amortization installment .....		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	<b>34</b>	19560	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....		19560	19560
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	0	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years.....	<b>40</b>	0	

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

<b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
<b>a</b> Schedule elected .....	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years		
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011		
<b>42</b> Amount of acceleration adjustment .....	<b>42</b>		
<b>43</b> Excess installment acceleration amount to be carried over to future plan years .....	<b>43</b>		

Schedule SB, part V - Statement of Actuarial Assumptions/Methods  
T.J. Spradlin, Inc.  
Defined Benefit Pension Plan  
91-1204163/002  
FOR THE PLAN YEAR 04/01/2011 THROUGH 03/31/2012

FUNDING METHOD           As prescribed in IRC Section 430.

INTEREST RATES           Years 0-5           Segment rate 1   1.930%  
Years 6-20           Segment rate 2   4.950%  
Years over 20       Segment rate 3   6.070%

PRE-RETIREMENT           MORTALITY TABLE --   None.  
                              TURNOVER/DISABILITY-- None  
                              SALARY SCALE --           3.000  
                              INTEGRATION LVL INCR- None  
                              BACKWARD SALARY PROJ. Based on increase of average earnings

POST-RETIREMENT           MORTALITY TABLE --   2011 Funding Target - Combined - IRC 430(h)(3)(A).  
                              EXPENSE LOAD --           None  
                              COST OF LIVING           None

417(e)

PRESENT VALUE OF ACCRUED BENEFIT CALCULATIONS - Greater of 417(e) or Actuarial Equivalence

INTEREST RATES           Years 0-5           Segment rate 1   1.910%  
Years 6-20           Segment rate 2   4.140%  
Years over 20       Segment rate 3   4.800%

MORTALITY TABLE --   2011 Applicable Mortality Table for 417(e) (Unisex).

Actuarial Equivalence

PRE-RETIREMENT           INTEREST --           5.500%  
                              MORTALITY TABLE --   None.

POST-RETIREMENT           INTEREST --           5.500%  
                              MORTALITY TABLE --   1994 GROUP ANNUITY RESERVING Unisex Proj to 2002.

Schedule SB, part V - Statement of Actuarial Assumptions/Methods  
T.J. Spradlin, Inc.  
Defined Benefit Pension Plan  
91-1204163/002  
FOR THE PLAN YEAR 04/01/2011 THROUGH 03/31/2012

ASSUMPTIONS FOR 410(b)/401(a)(4) CALCULATIONS

PRE-RETIREMENT:	INTEREST --	8.500%
POST-RETIREMENT:	INTEREST --	8.500%
	MORTALITY TABLE --	1983 GROUP ANNUITY male rates.

PERMISSIVELY AGGREGATED PLANS: Tested as Single Plan.

COMPENSATION: Use Average Compensation to calculate the  
Benefit Accrual Rate (Annual Method).

TESTING AGE: Normal Retirement Age.

T.J. Spradlin, Inc. Defined Benefit Pension Plan  
EIN: 91-1204163  
Plan Number: 002

Schedule SB, line 22 – Description of Weighted Average Retirement Age.

Each Participant is assumed to retire at his/her normal retirement age.



Schedule SB, line 26 - Schedule of Active Participant Data  
T.J. Spradlin, Inc.  
Defined Benefit Pension Plan  
91-1204163/002  
FOR THE PLAN YEAR 04/01/2011 THROUGH 03/31/2012

Attained Age	Years of Credited Service													
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29	
	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.
Under 25														
25 to 29														
30 to 34														
35 to 39														
40 to 44														
45 to 49					1									
50 to 54														
55 to 59			1		1									
60 to 64			1											
65 to 69					1									
70 & up														

Attained Age	Years of Credited Service					
	30 to 34		35 to 39		40 & up	
	No.	Comp.	No.	Comp.	No.	Comp.
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & up						

SPRA11

Schedule SB, line 32 - Schedule of Amortization Bases

07-16-2012

T.J. Spradlin, Inc.

Defined Benefit Pension Plan

91-1204163/002

FOR THE PLAN YEAR 04/01/2011 THROUGH 03/31/2012

Type of Base	Present Value of Remaining Instalments	Date Base Established	Years Remaining Amortization Period	Amortization Installment
Shortfall	114,746	03/31/12	7	18,076

Schedule SB, part V - Summary of Plan Provisions  
T.J. Spradlin, Inc.  
Defined Benefit Pension Plan  
91-1204163/002  
FOR THE PLAN YEAR 04/01/2011 THROUGH 03/31/2012

TYPE OF ENTITY Corporation.

DATES Effective-04/01/2007 Valuation-03/31/2012 Eligibility-10/01/2011 Year-end-03/31/2012

ELIGIBILITY Minimum age- 21 Months of service- 12 Maximum age- None  
Age at last birthday.  
Entry Age For Full Funding Limitation Calculation - as of date of hire.

HOURS REQUIRED FOR  
Eligibility - 1000 Benefit accrual - 1 Vesting - 1000

PLAN ENTRY - April 1 or October 1 immediately following satisfaction of eligibility requirements.

RETIREMENT NORMAL - First of month coincident with or following attainment of age 65, and completion of 5 years of participation.

EARLY - No provisions.

AVERAGE COMPENSATION -- (retrospective salaries)

FUNDING - 3 Highest consecutive years.

ACCRUED BENEFIT - 3 Highest consecutive years.

PLAN BENEFITS

RETIREMENT-- TIERED UNIT BENEFIT FORMULA - Greater of Percent of average monthly compensation or Dollar amount per month times years of Credited Service based upon Participant classification. The Monthly Benefit shall be offset by the monthly benefit provided by the account balance under the defined contribution plan maintained by the Employer.

415 Limits - Percent 100.00 Dollar - \$16,250

Minimum benefit - None Maximum benefit - None

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

Schedule SB, part V - Summary of Plan Provisions  
T.J. Spradlin, Inc.  
Defined Benefit Pension Plan  
91-1204163/002  
FOR THE PLAN YEAR 04/01/2011 THROUGH 03/31/2012

NORMAL FORM	Life Annuity.
DEATH BENEFIT	Present value of accrued benefits.
ACCRUED BENEFIT	Unit Accrual based upon Participant Classification(calculated as of end of plan year).  Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is lesser amount computed using a) 4.510% interest and 94 GAR mortality unisex projected to 2002 or b) plan actuarial equivalence interest and mortality.
TERMINATION BENEFITS	0% first year, 20% each additional year to a maximum of 100% after 6 years. Service is calculated using all years of service.
CONTRIBUTIONS	EMPLOYEE REQUIRED -- None  EMPLOYEE VOLUNTARY -- None
ASSET VALUATION METHOD	Market value.



**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment 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).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2011****This Form is Open to Public  
Inspection**For calendar plan year 2011 or fiscal plan year beginning 04/01/2011 and ending 03/31/2012▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A Name of plan**T.J. Spradlin, Inc. Defined Benefit Pension Plan**B Three-digit**

plan number (PN) ▶

002**C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF**T.J. Spradlin, Inc.**D Employer Identification Number (EIN)**91-1204163**E Type of plan:** ☒ Single ☐ Multiple-A ☐ Multiple-B**F Prior year plan size:** ☒ 100 or fewer ☐ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 03 Day 31 Year 2012**2 Assets:**

<b>a</b> Market value .....	<b>2a</b>	<u>311,066</u>
<b>b</b> Actuarial value .....	<b>2b</b>	<u>311,066</u>

**3 Funding target/participant count breakdown**

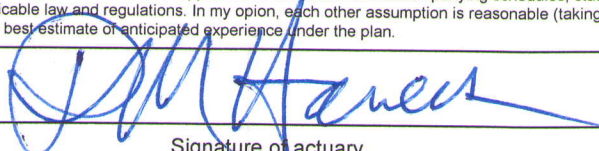
		(1) Number of participants	(2) Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<b>3a</b>	<u>0</u>	<u>0</u>
<b>b</b> For terminated vested participants .....	<b>3b</b>	<u>3</u>	<u>391</u>
<b>c</b> For active participants:			
(1) Non-vested benefits .....	<b>3c(1)</b>		<u>0</u>
(2) Vested benefits .....	<b>3c(2)</b>		<u>372,335</u>
(3) Total active .....	<b>3c(3)</b>	<u>5</u>	<u>372,335</u>
<b>d</b> Total .....	<b>3d</b>	<u>8</u>	<u>372,726</u>

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) ..... ☐

<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	

**5** Effective interest rate ..... **5** 5.34**6** Target normal cost ..... **6** 1,484**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN  
HERE**

Signature of actuary

Robert M. Haness

Type or print name of actuary

Haness & Associates, LLC

Firm name

P.O. Box 836US RocklinCA 95677

Address of the firm

07/16/2012

Date

11-04945

Most recent enrollment number

(916) 435-9830

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2011  
v.012611



**Part II Beginning of year carryover and prefunding balances**

	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	51,255
<b>8</b> Portion elected to use to offset prior year's funding requirement (line 35 from prior year) .....	0	870
<b>9</b> Amount remaining (line 7 minus line 8) .....	0	50,385
<b>10</b> Interest on line 9 using prior year's actual return of <u>0.02</u> % .....	0	10
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38 from prior year) .....		0
<b>b</b> Interest on (a) using prior year's effective rate of _____ % except as otherwise provided (see instructions) .....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance..		0
<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b> Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	50,395

**Part III Funding percentages**

<b>14</b> Funding target attainment percentage .....	<b>14</b>	69.21 %
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	80.00 %
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	81.62 %
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**Part IV Contributions and liquidity shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
<b>Totals ▶ 18(b)</b>				0 18(c)	0

**19** Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contribution from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..	<b>19c</b>	0

**20** Quarterly contributions and liquidity shortfall(s):

- a** Did the plan have a "funding shortfall" for the prior year? ..... ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... ☐ Yes ☒ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th



**Part V Assumptions used to determine funding target and target normal cost**

<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 1.93 %	2nd segment: 4.95 %	3rd segment: 6.07 %
			<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) . . . . .			<b>21b</b> 0
<b>22</b> Weighted average retirement age . . . . .			<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

**Part VI Miscellaneous items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment . . . . .		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment . . . . .		<b>27</b>

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

<b>28</b> Unpaid minimum required contribution for all prior years . . . . .	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) . . . . .	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) . . . . .	<b>30</b>	0

**Part VIII Minimum required contribution for current year**

<b>31</b> Target normal cost, adjusted, if applicable (see instructions)			
<b>a</b> Target normal cost (line 6) . . . . .		<b>31a</b>	1,484
<b>b</b> Excess assets, if applicable, but not greater than 31a . . . . .		<b>31b</b>	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment . . . . .	114,746	18,076	
<b>b</b> Waiver amortization installment . . . . .	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount . . . . .		<b>33</b>	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		<b>34</b>	19,560
	Carryover balance	Prefunding Balance	Total balance
<b>35</b> Balances elected to use to offset funding requirement . . . . .	0	19,560	19,560
<b>36</b> Additional cash requirement (line 34 minus line 35) . . . . .		<b>36</b>	0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) . . . . .		<b>37</b>	0
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) . . . . .		<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		<b>38b</b>	0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) . . . . .		<b>39</b>	
<b>40</b> Unpaid minimum required contribution for all years . . . . .		<b>40</b>	

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

<b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:	
<b>a</b> Schedule elected . . . . .	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years
<b>b</b> Eligible plan year(s) for which the election in line 41a was made . . . . .	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011
<b>42</b> Amount of acceleration adjustment . . . . .	<b>42</b>
<b>43</b> Excess installment acceleration amount to be carried over to future plan years . . . . .	<b>43</b>

Schedule SB, part V - Summary of Plan Provisions  
T.J. Spradlin, Inc.  
Defined Benefit Pension Plan  
91-1204163/002  
FOR THE PLAN YEAR 04/01/2011 THROUGH 03/31/2012

TYPE OF ENTITY Corporation.

DATES Effective-04/01/2007 Valuation-03/31/2012 Eligibility-10/01/2011 Year-end-03/31/2012

ELIGIBILITY Minimum age- 21 Months of service- 12 Maximum age- None  
Age at last birthday.  
Entry Age For Full Funding Limitation Calculation - as of date of hire.

HOURS REQUIRED FOR  
Eligibility - 1000 Benefit accrual - 1 Vesting - 1000

PLAN ENTRY - April 1 or October 1 immediately following satisfaction of eligibility requirements.

RETIREMENT NORMAL - First of month coincident with or following attainment of age 65, and completion of 5 years of participation.

EARLY - No provisions.

AVERAGE COMPENSATION -- (retrospective salaries)

FUNDING - 3 Highest consecutive years.

ACCRUED BENEFIT - 3 Highest consecutive years.

PLAN BENEFITS

RETIREMENT-- TIERED UNIT BENEFIT FORMULA - Greater of Percent of average monthly compensation or Dollar amount per month times years of Credited Service based upon Participant classification. The Monthly Benefit shall be offset by the monthly benefit provided by the account balance under the defined contribution plan maintained by the Employer.

415 Limits - Percent 100.00 Dollar - \$16,250

Minimum benefit - None Maximum benefit - None

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



Schedule SB, part V - Summary of Plan Provisions  
T.J. Spradlin, Inc.  
Defined Benefit Pension Plan  
91-1204163/002  
FOR THE PLAN YEAR 04/01/2011 THROUGH 03/31/2012

NORMAL FORM	Life Annuity.
DEATH BENEFIT	Present value of accrued benefits.
ACCRUED BENEFIT	Unit Accrual based upon Participant Classification(calculated as of end of plan year).  Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is lesser amount computed using a) 4.510% interest and 94 GAR mortality unisex projected to 2002 or b) plan actuarial equivalence interest and mortality.
TERMINATION BENEFITS	0% first year, 20% each additional year to a maximum of 100% after 6 years. Service is calculated using all years of service.
CONTRIBUTIONS	EMPLOYEE REQUIRED -- None  EMPLOYEE VOLUNTARY -- None
ASSET VALUATION METHOD	Market value.

Schedule SB, part V - Statement of Actuarial Assumptions/Methods  
T.J. Spradlin, Inc.  
Defined Benefit Pension Plan  
91-1204163/002  
FOR THE PLAN YEAR 04/01/2011 THROUGH 03/31/2012

FUNDING METHOD As prescribed in IRC Section 430.

INTEREST RATES  
Years 0-5 Segment rate 1 1.930%  
Years 6-20 Segment rate 2 4.950%  
Years over 20 Segment rate 3 6.070%

PRE-RETIREMENT  
MORTALITY TABLE -- None.  
TURNOVER/DISABILITY-- None  
SALARY SCALE -- 3.000  
INTEGRATION LVL INCR- None  
BACKWARD SALARY PROJ. Based on increase of average earnings

POST-RETIREMENT  
MORTALITY TABLE -- 2011 Funding Target - Combined - IRC 430(h)(3)(A).  
EXPENSE LOAD -- None  
COST OF LIVING None

417(e)

PRESENT VALUE OF ACCRUED BENEFIT CALCULATIONS - Greater of 417(e) or Actuarial Equivalence

INTEREST RATES  
Years 0-5 Segment rate 1 1.910%  
Years 6-20 Segment rate 2 4.140%  
Years over 20 Segment rate 3 4.800%

MORTALITY TABLE -- 2011 Applicable Mortality Table for 417(e) (Unisex).

Actuarial Equivalence

PRE-RETIREMENT  
INTEREST -- 5.500%  
MORTALITY TABLE -- None.

POST-RETIREMENT  
INTEREST -- 5.500%  
MORTALITY TABLE -- 1994 GROUP ANNUITY RESERVING Unisex Proj to 2002.

Schedule SB, part V - Statement of Actuarial Assumptions/Methods  
T.J. Spradlin, Inc.  
Defined Benefit Pension Plan  
91-1204163/002  
FOR THE PLAN YEAR 04/01/2011 THROUGH 03/31/2012

ASSUMPTIONS FOR 410(b)/401(a)(4) CALCULATIONS

PRE-RETIREMENT:	INTEREST --	8.500%
POST-RETIREMENT:	INTEREST --	8.500%
	MORTALITY TABLE --	1983 GROUP ANNUITY male rates.

PERMISSIVELY AGGREGATED PLANS: Tested as Single Plan.

COMPENSATION: Use Average Compensation to calculate the  
Benefit Accrual Rate (Annual Method).

TESTING AGE: Normal Retirement Age.

T.J. Spradlin, Inc. Defined Benefit Pension Plan  
EIN: 91-1204163  
Plan Number: 002

Schedule SB, line 22 – Description of Weighted Average Retirement Age.

Each Participant is assumed to retire at his/her normal retirement age.

Schedule SB, line 26 - Schedule of Active Participant Data  
T.J. Spradlin, Inc.  
Defined Benefit Pension Plan  
91-1204163/002  
FOR THE PLAN YEAR 04/01/2011 THROUGH 03/31/2012

Attained Age	Years of Credited Service													
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29	
	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.
Under 25														
25 to 29														
30 to 34														
35 to 39														
40 to 44														
45 to 49					1									
50 to 54														
55 to 59			1		1									
60 to 64			1											
65 to 69					1									
70 & up														

Attained Age	Years of Credited Service					
	30 to 34		35 to 39		40 & up	
	No.	Comp.	No.	Comp.	No.	Comp.
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & up						

SPRA11

Schedule SB, line 32 - Schedule of Amortization Bases

07-16-2012

T.J. Spradlin, Inc.

Defined Benefit Pension Plan

91-1204163/002

FOR THE PLAN YEAR 04/01/2011 THROUGH 03/31/2012

Type of Base	Present Value of Remaining Instalments	Date Base Established	Years Remaining Amortization Period	Amortization Installment
Shortfall	114,746	03/31/12	7	18,076

**Funding Election Form 430(g/h)**  
**T.J. Spradlin, Inc. Defined Benefit Pension Plan**  
**91-1204163/002**

Pursuant to the prescribed funding method under Internal Revenue Code Section 430, and as permitted under Regulations 1.430(g)-1(b)(2)(iv), 1.430(g)-1(c) and 1.430(h)(2)-1(e), I, as the Plan Sponsor, hereby provide you, Robert M. Haness, E.A., the plan's Enrolled Actuary and, additionally, to the Plan Administrator the following elections(s) for the above named plan for the plan year beginning 1/1/2011 and thereafter, if not revoked:

1. Applicable Month (Sch SB line 21b)

Use the month containing the valuation date

Use 1st, 2nd, 3rd, or 4th month preceding the month which includes the valuation date

2. Interest Rates (Sch SB line 21a)

Use funding segment rates as specified in Code Section 430(h)(2)(B) and (C)

Use the bond rates full yield curve as specified in Code Section 430(h)(2)(D)

3. Plan Assets (Sch SB line 2b)

Use fair market value of assets

Use average value of assets

4. Valuation Date (Sch SB line 1)

Use beginning of plan year

Use end of plan year (only available for small plans with 100 or fewer participants per Reg. 1.430(g)-1(b)(2))

5. Mortality Table (Sch SB line 23)

Use prescribed separate mortality tables

Use prescribed combined mortality table (only available for small plans with 500 or fewer participants per Reg. 1.430(h)(3)-1(b)(2))

I understand any election made above will remain in effect for the plan unless the election is revoked/changed by 1) written notification to the plan's Enrolled Actuary and the Plan Administrator on or before the filing due date (including extensions) of the Schedule SB of Form 5500 and 2) with consent of the Commissioner.

Plan Sponsor Signature

Date

**Election to Apply Balances**  
**T. J. Spradlin, Inc. Defined Benefit Pension Plan**  
**91-1204163/002**  
**For the plan year 4/1/2011 through 3/31/2012**  
**Valuation Date: 3/31/2012**

As permitted under Regulations 1.430(f)-1(d), I, as the Plan Sponsor, hereby provide you, Robert M. Haness, E.A., the plan's Enrolled Actuary and, additionally, to the Plan Administrator the following election for the above named plan for the plan year stated above:

Apply Balances to Minimum Required Contribution at the valuation date (Sch SB line 35)

Use \$19,560 of the prefunding balance and apply it to the minimum required contribution

Plan Sponsor Signature

Date