	Form 5500-SF		eturn/l Benefit	Report of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089	
	Department of the Treasury Internal Revenue Service	_		ctions 104 and 4065 of the Employee		2011	
	Department of Labor	Retirement Income Security Act of	1974 (ER	SA), and sections 6057(b) and 6058(This Form is Open to Public	
-	nployee Benefits Security Administration ension Benefit Guaranty Corporation			Code (the Code).		Inspection	
	· ·	Complete all entries in accord lentification Information	lance wit	n the instructions to the Form 5500)-SF.		
	calendar plan year 2011 or fisca		1	and ending 12	2/31/2	2011	
Α -	This return/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participant plan	
	This return/report is:	the first return/report	the final r	eturn/report			
		an amended return/report	a short pla	n year return/report (less than 12 mo	onths)		
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program	
		special extension (enter descriptio	n)			_	
		nation—enter all requested information	ation				
	Name of plan				1b	Three-digit plan number	
TIRE	S, INC. 401(K) PROFIT SHARIN	NG PLAN				(PN) ▶ 001	
				-	1c	Effective date of plan	
						01/01/1974	
	Plan sponsor's name and address, INC.	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identification Number (EIN) 91-0606870	
					2c	Sponsor's telephone number 360-748-6611	
1283 NW STATE STREET CHEHALIS, WA 98532					2d	Business code (see instructions) 441300	
3a Plan administrator's name and address (if same as plan sponsor, enter "Same") TIRES, INC. 1283 NW STATE STREET					3b	Administrator's EIN 91-0606870	
CHEHALIS, WA 98532					3c	Administrator's telephone number 360-748-6611	
4		lan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN	
а	name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN						
	•	the beginning of the plan year			5a	24	
b	Total number of participants at	the end of the plan year			5b	24	
С		count balances as of the end of the p	• •		5c	18	
6a	/			(See instructions.)		X Yes No	
b	Are you claiming a waiver of th	e annual examination and report of a	an indeper	dent qualified public accountant (IQF	PA)		
		e ,		ons.) SF and must instead use Form 550		X Yes No	
Pa	rt III Financial Informa						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year	
а	Total plan assets		7a	2684358		2338761	
b	Total plan liabilities		7b				
<u> </u>		'b from line 7a)	7c	2684358		2338761	
8	Income, Expenses, and Transf			(a) Amount		(b) Total	
а	Contributions received or recei (1) Employers	vable from:	8a(1)	19299			
	(2) Participants		8a(2)	75132			
	(3) Others (including rollovers))	8a(3)				
b	Other income (loss)		8b	-11225			
С		8a(2), 8a(3), and 8b)	8c			83206	
d		ollovers and insurance premiums	8d	404613			
е	, ,	ive distributions (see instructions)	8e				
f		s (salaries, fees, commissions)	8f	24190			
g	Other expenses		8g				
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			428803	
i	() ()	e 8h from line 8c)	8i			-345597	
j	Transfers to (from) the plan (se	ee instructions)	8j				

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

Page 2 - 1

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: 2E 2F 2G 2J 2K 2R 2T 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** 10 Yes No During the plan year: Amount Was there a failure to transmit to the plan any participant contributions within the time period described in а Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a **b** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х 10b on line 10a.)..... Х С Was the plan covered by a fidelity bond?..... 10c 435000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 10d or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, e insurance service or other organization that provides some or all of the benefits under the plan? (See Х 10e instructions.) Х f Has the plan failed to provide any benefit when due under the plan? 10f Х Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... g 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) 10h 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 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 5500)).... 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 (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 _____ Dav Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b **b** Enter the minimum required contribution for this plan year..... 12c **C** Enter the amount contributed by the employer to the plan for this plan year..... d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A e Part VII **Plan Terminations and Transfers of Assets 13a** Has a resolution to terminate the plan been adopted in any plan year? Yes Х 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 Yes X No of the PBGC?..... If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to C which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) 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.	10/09/2012	RALPH HUBBERT
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

. ., •

:-

2012-10-09 15:53:34 (GMT)

Constraint of

Form 5500-SF Short Form Annual Re	Short Form Annual Return/Rep Benefit Pla			OMB Nos. 1210-0110 1210-0089				
	This form is required to be filed under sections 104 and 4065 of the En			2011				
Department of Labor Employee Benetis Security Administration the Internal	1974 (ERIS Revenue C	A), and sections 6057(b) and 6058(i Code (the Code).		This Form is Open to Public Inspection				
Pension Benefit Guaranty Corporation Complete all entries in accordate	ance with	the instructions to the Form 5500	SF.					
Rart Annual Report Identification Information	1701720	11 and ending		12/31/2011				
			ſ	a one-participant plan				
A mis remaneport is to.	employer plan (not multiemployer)	Ĺ						
	tum/report	olbe\						
		n year return/report (less than 12 mo	1401637 [DFVC program.				
G CHECK DOX IT HIRTY CHILOCI.	automatic (extension	L					
special extension (enter description								
Part I Basic Plan Information-enter all requested information			1b	Three-digit				
1a Name of plan Tires, Inc. 401(k) Profit Sharing Plan				plan number				
Tires, Inc. 401(k) Profit Sharing riam				(PN) 001				
				Effective date of plan 01/01/1974				
2a Plan sponsor's name and address; include room or suite number (en	mplover. if:	for a single-employer plan)	2b	Employer Identification Number				
Za Plan sponsors name and address; include found of some name of con Tires, Inc.				(EIN) 91-0606870				
			Sponsor's telephone number (360) 748-6611					
1283 NW State Street		WA 98532		Business code (see instructions) 441300				
Chehalis 3a Plan administrator's name and address (if same as plan sponsor, en	nter "Same'		3b	Administrator's EIN				
3a Plan administrator's name and address (if same as plan sponsor, en SAME								
			3c	Administrator's telephone number				
4 If the name and/or EIN of the plan sponsor has changed since the la	ast return/r	eoort filed for this plan, enter the	4b	EIN				
A if the name and/or EIN of the plan sponsol has trianged since the in name; EIN, and the plan number from the last return/report.	gat retainen	choir med to and herry arrest are						
a Sponsor's name			4c					
5a Total number of participants at the beginning of the plan year			5a	2				
b Total number of participants at the end of the plan year			5b	2				
C Number of participants with account balances as of the end of the p	plan year (d	lefined benefit plans do not	5c-	1				
complete this item)		***************************************						
a set of a set of the	la accate?	(See instructions)		Yes No				
6a Were all of the plan's assets during the plan year invested in eligible	le assets? an indepen	(See instructions.)	⊃A)	 				
b Are you claiming a waiver of the annual examination and report of a under 29 CER 2520 104-462 (See instructions on waiver eligibility a	le assets? an indepen and condili	(See instructions.) Ident qualified public accountant (IQI Ions.)	⊃A)	.				
b Are you cleiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a if you answered "No" to either 6a or 6b, the plan cannot use Fe	le assets? an indepen and condili	(See instructions.) Ident qualified public accountant (IQI ions.)	⊃A)	.				
 b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use For Part III Financial Information 	le assets? an indepen and condili orm 5500-:	(See instructions.) ident qualified public accountant (IQI ions.) SF and must Instead use Form 55	⊃A)					
 b Are you cleiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a if you answered "No" to either 6a or 6b, the plan cannot use For Part III Financial Information 7 Plan Assets and Liabilities 	le assets? an indepen and conditi form 5500-	(See instructions.) ident qualified public accountant (IQI ions.) SF and must Instead use Form 55 (a) Beginning of Year	⊃A) no.	(b) End of Year				
 b Are you cleiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a if you answered "No" to either 6a or 6b, the plan cannot use Fermi Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets 	e assets? an indepen and condili orm 5500-: 	(See instructions.) ident qualified public accountant (IQI ions.) SF and must Instead use Form 55	⊃A) no.					
 b Are you cleiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a if you answered "No" to either 6a or 6b, the plan cannot use Free Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets b Total plan liabilities 	le assets? an indepen and condili orm 5500-:	(See instructions.) Ident qualified public accountant (IQ) Ions.) SF and must instead use Form 55 (a) Beginning of Year 2, 684, 35	⊃A) <u>10.</u>	(b) End of Year				
 b Are you cleiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of it you answered "No" to either 6a or 6b, the plan cannot use Free Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets b Total plan liabilities c Net plan assets (subtract line 7b from line 7a) 	le assets? an indepen and condili orm 5500-:	(See instructions.) ident qualified public accountant (IQI ions.) SF and must instead use Form 55 (a) Beginning of Year 2, 684, 35 2, 684, 35	⊃A) <u>10.</u>	(b) End of Year 2,338,76				
 b Are you cleiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a if you answered "No" to either 6a or 6b, the plan cannot use For Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets b Total plan liabilities c Net plan assets (subtract line 7b from line 7a)	le assets? an indepen and condili orm 5500-:	(See instructions.) Indent qualified public accountant (IQI ions.) SF and must instead use Form 55 (a) Beginning of Year 2, 684, 35 2, 684, 35 (a) Amount	PA) no. 8	(b) End of Year 2, 338, 76 2, 338, 76				
 b Are you cleiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of it you answered "No" to either 6a or 6b, the plan cannot use Free Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets b Total plan liabilities c Net plan assets (subtract line 7b from line 7a) 	le assets? an indepen and condili orm 5500-:	(See instructions.) Ident qualified public accountant (IQI ions.) SF and must instead use Form 55 (a) Beginning of Year 2, 684, 35 (a) Amount 19, 25	PA)	(b) End of Year 2, 338, 76 2, 338, 76				
 b Are you cleiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of it you answered "No" to either 6a or 6b, the plan cannot use Free Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets b Total plan liabilities c Net plan assets (subfract line 7b from line 7a)	nie assets? an indepen and conditi form 5500	(See instructions.) Indent qualified public accountant (IQI ions.) SF and must instead use Form 55 (a) Beginning of Year 2, 684, 35 2, 684, 35 (a) Amount	PA)	(b) End of Year 2, 338, 76 2, 338, 76				
 b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See Instructions on waiver eligibility a if you answered "No" to either 6a or 6b, the plan cannot use For Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets b Total plan liabilities c Net plan assets (subtract line 7b from line 7a)	nle assets? an indepen and conditi orm 5500- 7a 7a 7b 7c 8a(1) 8a(2)	(See instructions.) Ident qualified public accountant (IQI ions.) SF and must instead use Form 55 (a) Beginning of Year 2, 684, 35 (a) Amount 19, 29 75, 13	PA)	(b) End of Year 2, 338, 76 2, 338, 76				
 b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a if you answered "No" to either 6a or 6b, the plan cannot use For Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets b Total plan assets c Net plan assets (subtract line 7b from line 7a)	le assets? an indepen and conditi orm 5500- 	(See instructions.) Ident qualified public accountant (IQI ions.) SF and must instead use Form 55 (a) Beginning of Year 2, 684, 35 (a) Amount 19, 25	PA)	(b) End of Year 2, 338, 76 2, 338, 76 (b) Total				
 b Are you cleiming a waiver of the annual examination and report of a under 29 CFR 2620.104-46? (See instructions on waiver eligibility a lif you answered "No" to either 6a or 6b, the plan cannot use For Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets b Total plan assets (subtract line 7b from line 7a)	le assets? an indepen and conditi orm 5500- 	(See instructions.) Ident qualified public accountant (IQI ions.) SF and must instead use Form 55 (a) Beginning of Year 2, 684, 35 (a) Amount 19, 29 75, 13	PA)	(b) End of Year 2, 338, 76 2, 338, 76				
 b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a if you answered "No" to either 6a or 6b, the plan cannot use For Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets b Total plan assets c Net plan assets (subtract line 7b from line 7a)	le assets? an indepen and conditi orm 5500	(See instructions.) Ident qualified public accountant (IQI ions.) SF and must instead use Form 55 (a) Beginning of Year 2, 684, 35 (a) Amount 19, 29 75, 13 (11, 225	2A) 100. 18 18 19 19 12 10 10 10 10 10 10 10 10 10 10	(b) End of Year 2, 338, 76 2, 338, 76 (b) Total				
 b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a if you answered "No" to either 6a or 6b, the plan cannot use For Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets b Total plan assets c Net plan assets (subtract line 7b from line 7a)	le assets? an indepen and conditi orm 5500- 7a 7b 7b 7c 	(See instructions.) Ident qualified public accountant (IQI ions.) SF and must instead use Form 55 (a) Beginning of Year 2, 684, 35 (a) Amount 19, 29 75, 13	2A) 100. 18 18 19 19 12 10 10 10 10 10 10 10 10 10 10	(b) End of Year 2, 338, 76 2, 338, 76 (b) Total				
 b Are you cleiming a waiver of the annual examination and report of a under 29 CFR 2620.104-46? (See instructions on waiver eligibility a lif you answered "No" to either 6a or 6b, the plan cannot use For Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets b Total plan liabilities c Net plan assets (subtract line 7b from line 7a)	e assets? an indepen and conditi orm 5500	(See instructions.) Ident qualified public accountant (IQU ions.)	-2A) 00. 8 8 8 99 32 5) 1) .3	(b) End of Year 2, 338, 76 2, 338, 76 (b) Total				
 b Are you cleiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See Instructions on waiver eligibility a if you answered "No" to either 6a or 6b, the plan cannot use For Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets b Total plan liabilities c Net plan assets (subtract line 7b from line 7a)	le assets? an indepen and conditi orm 5500- 	(See instructions.) Ident qualified public accountant (IQI ions.) SF and must instead use Form 55 (a) Beginning of Year 2, 684, 35 (a) Amount 19, 29 75, 13 (11, 225	-2A) 00. 8 8 8 99 32 5) 1) .3	(b) End of Year 2, 338, 76 2, 338, 76 (b) Total				
 b Are you cleiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a if you answered "No" to either 6a or 6b, the plan cannot use For Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets b Total plan liabilities c Net plan assets (subtract line 7b from line 7a)	le assets? an indepen and conditi orm 5500- 	(See instructions.) Ident qualified public accountant (IQU ions.)	-2A) 00. 8 8 8 99 32 5) 1) .3	(b) End of Year 2, 338, 76 2, 338, 76 (b) Total				
 b Are you cleiming a waiver of the annual examination and report of a under 29 CFR 2620.104-46? (See instructions on waiver eligibility a if you answered "No" to either 6a or 6b, the plan cannot use For Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets b Total plan liabilities c Net plan assets (subtract line 7b from line 7a)	le assets? an indepen and conditi orm 5500- 	(See instructions.) Ident qualified public accountant (IQU ions.)	-2A) 00. 8 8 8 99 32 5) 1) .3	(b) End of Year 2, 338, 76 2, 338, 76 (b) Total 83, 20				
 b Are you cleiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a if you answered "No" to either 6a or 6b, the plan cannot use For Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets b Total plan liabilities c Net plan assets (subtract line 7b from line 7a)	le assets? an indepen and conditi orm 5500- 	(See instructions.) Ident qualified public accountant (IQU ions.)	-2A) 00. 8 8 8 99 32 5) 1) .3	(b) End of Year 2, 338, 76 2, 338, 76 (b) Total 83, 20 428, 80				

1.....

1. 7.1 P. 1

		,	
Form 5500-SF 2011	Page 2 -		

Part IV

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

b c d f g h i Part 11	During the plan year: Was there a failure to transmit to the plan any participant contributions of 29 CFR 2510,3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty? Were any fees or commissions paid to any brokers, agents, or other per insurance service or other organization that provides some or all of the binstructions.) Has the plan have any participant loans? (If "Yes," enter amount as of years in individual account plan, was there a blackout period? (See in 2520, 101-3.) If 10h was answered "Yes," check the box if you either provided the req exceptions to providing the notice applied under 29 CFR 2520, 101-3. VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? 6500)	Correction Progra not include trans y bond, that was rsons by an insur benefits under th ear end.)	am) actions reported caused by fraud mance carrier, e plan? (See 	10a 10b 10c 10d 10d 10f 10g 10h	X	X X X X X X X X			43	5,00
c d f g h i Part 11	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	not include trans y bond, that was rsons by an insur benefits under th ear end.) nstructions and 2 juired notice or or	actions reported caused by fraud mance carrier, e plan? (See 29 CFR	10c 10d 10e 10f 10g 10h	X	X X X X			43	5,00
d f g h i Part 11	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty? Were any fees or commissions paid to any brokers, agents, or other per insurance service or other organization that provides some or all of the i instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of yes if this is an individual account plan, was there a blackout period? (See in 2520,101-3.) If 10h was answered "Yes," check the box if you either provided the req exceptions to providing the notice applied under 29 CFR 2520,101-3 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements?	y bond, that was rsons by an insur benefits under th ear end.) nstructions and 2 ulired notice or or	caused by fraud mance carrier, e plan? (See 29 CFR 29 CFR	10d 10e 10f 10g 10h	X	X X X			43	5,00
d f g h i Part 11	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?	y bond, that was rsons by an insur benefits under th ear end.) nstructions and 2 juired notice or or	caused by fraud rance carrier, e plan? (See 19 CFR	10d 10e 10f 10g 10h		X X X				
e f g h i <u>Part</u> 11	or dishonesty?	rsons by an insur benefits under th ear end.) nstructions and 2 juired notice or or	rance carrier, e plan? (See 29 CFR ne of the	10ə 10f 10g 10h	-	X X X				
h i Part 11 12	Insurance service or other organization that provides some or all of the linstructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of ye If this is an individual account plan, was there a blackout period? (See in 2520,101-3.) If 10h was answered "Yes," check the box if you either provided the req exceptions to providing the notice applied under 29 CFR 2520,101-3 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements?	benefits under th ear end.) nstructions and 2 juired notice or or	e plan? (See 9 CFR ne of the	10f 10g 10h	-	X X				
h 1 11 12	Did the plan have any participant loans? (If "Yes," enter amount as of ye If this is an individual account plan, was there a blackout period? (See in 2520,101-3.) If 10h was answered "Yes," check the box if you either provided the req exceptions to providing the notice applied under 29 CFR 2520,101-3 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements?	ear end.) nstructions and 2 juired notice or or	29 CFR ne of the	10g 10h		X				
h i Part 11 12	If this is an individual account plan, was there a blackout period? (See in 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the requexceptions to providing the notice applied under 29 CFR 2520.101-3 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements?	nstructions and 2 wired notice or or	9 CFR	10h						
 Part 11 12	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the req exceptions to providing the notice applied under 29 CFR 2520.101-3 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements?	uired notice or or	ne of the			x				
11	If 10h was answered "Yes," check the box if you either provided the req exceptions to providing the notice applied under 29 CFR 2520,101-3 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements?	uired notice or or	ne of the				1.1.1			
11 12	is this a defined benefit plan subject to minimum funding requirements?	//fillVas #eas ins		101						
12	Is this a defined benefit plan subject to minimum funding requirements? 5500))	IIFIVas Peas Inc								
		(11 1 65, 566 113	structions and com	plete (Sched	ule SE) (Form	. [Yes	X N
а	Is this a defined contribution plan subject to the minimum funding requir	rements of sectio	on 412 of the Code	or se	clion 3	302 of	ERISA?	. []	Yes	ΧN
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
	If a waiver of the minimum funding standard for a prior year is being amongranting the waiver.		Mon	th	ande	nter ti Day	ie date o	f the le Yea	tter rul	ing
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB				F		r			
	b Enter the minimum required contribution for this plan year									
	Enter the amount contributed by the employer to the plan for this plan ye					12c	ļ			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)				[12d				
e	Will the minimum funding amount reported on line 12d be met by the fur	nding 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?			********		<u> </u>	res X	No		
	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?							Yes	N N	
	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.)									
	3c(1) Name of plan(s):				13	c(2) E	N(s)		13c(3)	PN(s)
		<u>.</u>								
· · · · · · · · · · · · · · · · · · · 				<u> </u>						
	ion: A penalty for the late or incomplete filing of this return/report w									
SB o	r penalties of perjury and other penalties set forth in the instructions, I de r Schedule MB completed and signed by an enrolled actuary, as well as I f, it is true, correct, and complete.	clare that I have the electronic ver	examined this return.	urn/rep /report	oort, ir , and	icludin to the	g, if appl best of n	ičable, vy knov	a Sch viedge	and
	IN 10-9-2012 Ralph Hub			obert						
SIG					ial sin	nino a	s plan ar	Iminist	alor	
	ognitere or plan administration	Contrast charging VI II			<u>ang</u> u	- p.o.j. dt		!	·····	
SIG		ate	Enter name of l	ndividu	ual sig	ning a	s employ	er or p	lan sp	onsor