## 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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number WOLFSTONE, PANCHOT & BLOCH, P.S., INC. PROFIT SHARING AND 401(K) PLAN (PN) ▶ 001 1c Effective date of plan 01/01/1991 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number WOLFSTONE, PANCHOT & BLOCH, PS INC. 91-1504890 (EIN) 2c Sponsor's telephone number 206-682-3840 1111 THIRD AVENUE, SUITE 1800 2d Business code (see instructions) SEATTLE, WA 98101 541110 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 91-1504890 WOLFSTONE, PANCHOT & BLOCH, PS INC. 1111 THIRD AVENUE, SUITE 1800 SEATTLE, WA 98101 3c Administrator's telephone number 206-682-3840 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..... 23 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 23 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 4533398 4230067 Total plan assets..... 7a 7b Total plan liabilities..... 4533398 4230067 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: 13492 (1) Employers ..... 8a(1) 72031 (2) Participants ..... 8a(2) 118004 (3) Others (including rollovers)..... 8a(3) -111113 **b** Other income (loss)..... 8b 92414 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 395745 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 395745 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -303331 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) .....

| Form | 5500- | SF | 201 |
|------|-------|----|-----|

| Page | 2 | - [ | 1 |  |
|------|---|-----|---|--|
|------|---|-----|---|--|

| Part IV | Plan | Charac | tarietice |
|---------|------|--------|-----------|
|         |      |        |           |

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

| During the plan year:  |                                   | Yes      | No                                  |         | Δm        | ount                 |        |
|--|-----------------------------------|----------|-------------------------------------|---------|-----------|----------------------|--------|
| Was there a failure to transmit to the plan any participant contributions within the time period describe  |                                   | 1.55     | X                                   |         | AIII      | Ount                 |        |
| 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)   | 10a                               |          | ^                                   |         |           |                      |        |
| Were there any nonexempt transactions with any party-in-interest? (Do not include transactions repo  |                                   |          | X                                   |         |           |                      |        |
| on line 10a.)  | 10b                               |          | ^                                   |         |           |                      |        |
| Was the plan covered by a fidelity bond?   | 10c                               | X        |                                     |         |           |                      | 5000   |
| Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fr or dishonesty?  | aud<br>10d                        |          | X                                   |         |           |                      |        |
| 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                                   |         |           |                      |        |
| Has the plan failed to provide any benefit when due under the plan?  | 10f                               |          | X                                   |         |           |                      |        |
| Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  | 10a                               |          | Χ                                   |         |           |                      |        |
| If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR   | 109                               |          | .,                                  |         |           |                      |        |
| 2520.101-3.)   | 10h                               |          | X                                   |         |           |                      |        |
| 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                               |          |                                     |         |           |                      |        |
| t VI Pension Funding Compliance  |                                   |          |                                     |         |           |                      |        |
| Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and  | complete                          | Sched    | lule SE                             | 3 (Form |           |                      |        |
|  |                                   |          | idio OL                             | - (. 0  |           |                      |        |
| 5500))   |                                   |          |                                     |         |           | Yes                  | X      |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the  |                                   |          |                                     | ····    |           | Yes<br>Yes           | X N    |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the  |                                   |          |                                     | ····    |           | 1                    | H      |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)   | Code or se                        | ection 3 | <br>302 of                          | ERISA?  | · [       | Yes                  | X      |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)   | Code or se                        | ection 3 | 302 of                              | ERISA?  | of the le | Yes                  | ing    |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 i granting the waiver.  | Code or sensetructions Month      | ection 3 | 302 of                              | ERISA?  | of the le | Yes                  | X I    |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 if granting the waiver.  you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line   | Code or senstructions Month e 13. | ection 3 | 302 of                              | ERISA?  | of the le | Yes                  | ing    |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 it granting the waiver.  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 12b. Enter the minimum required contribution for this plan year.   | Code or senstructions Month e 13. | , and e  | 302 of<br>enter th<br>Day           | ERISA?  | of the le | Yes                  | X I    |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 i granting the waiver.  you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line. Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the   | code or senstructions Month e 13. | ection 3 | 302 of enter the Day                | ERISA?  | of the le | Yes                  | ing    |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 it granting the waiver.  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount).  | code or senstructions Month e 13. | , and e  | 302 of enter the Day  12b  12c  12d | ERISA?  | of the k  | Yes                  | ing    |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 it granting the waiver.  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 10. Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  | code or senstructions Month e 13. | , and e  | 302 of enter the Day  12b  12c  12d | ERISA?  | of the k  | Yes etter rulear     | X I    |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 i granting the waiver.  you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line. Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?   | Code or senstructions Month e 13. | , and e  | 302 of enter the Day  12b  12c  12d | ERISA?  | of the le | Yes etter rulear     | ing    |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 it granting the waiver.  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line.  Description Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?.  The VIII Plan Terminations and Transfers of Assets  Has a resolution to terminate the plan been adopted in any plan year?  | e left of a                       | , and e  | 302 of enter the Day  12b  12c  12d | ERISA?  | of the k  | Yes etter rulear     | ing    |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 it granting the waiver.  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Will the minimum funding amount reported on line 12d be met by the funding deadline?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  | code or senstructions Month a 13. | ection 3 | 12b<br>12c<br>12d                   | ERISA?  | of the le | Yes etter rulear     | ing    |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 it granting the waiver.  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  | code or senstructions Month a 13. | ection 3 | 12b<br>12c<br>12d                   | ERISA?  | of the le | Yes etter rular      | ing N/ |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 it granting the waiver.  you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?.  It VII Plan Terminations and Transfers of Assets  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro of the PBGC?.  | structions Month  13. e left of a | , and e  | 12b 12c 12d                         | ERISA?  | of the le | Yes etter rulear     | X ing  |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 it granting the waiver.  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see it granting the waiver.  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line.  If the minimum required contribution for this plan year.  If subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount).  If will the minimum funding amount reported on line 12d be met by the funding deadline?  If "Yes," enter the amount of any plan assets that reverted to the employer this year.  Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broof the PBGC?  If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred. (See instructions.) | structions Month  13. e left of a | and e    | 12b 12c 12d                         | ERISA?  | of the le | Yes etter rular      | N/     |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (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 it granting the waiver.  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?  Will the minimum funding amount reported on line 12d be met by the funding deadline?  | structions Month  13. e left of a | and e    | 12b 12c 12d                         | ERISA?  | of the le | Yes etter rular No [ | N/     |

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. | 10/12/2012 | EDWIN G. WOODWARD  |
|------|---|------------|--|
| HERE | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN | Filed with authorized/valid electronic signature. | 10/12/2012 | EDWIN G. WOODWARD  |
| 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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public inspection

| 200        | Annual Panert Identification Inf   | ormation              |  |                           |                   |                        |                          |                      |  |  |
|------------|--|-----------------------|--|---------------------------|-------------------|------------------------|--------------------------|----------------------|--|--|
|            | Annual Report Identification Inf<br>the calendar plan year 2011 or fiscal plan year beginnin         |                       | 01/01/   | /2011 and                 | ending            | 12/                    | 31/2011                  |                      |  |  |
|            |  |                       |  |                           |                   |                        |                          |                      |  |  |
| Α .        | This return/report is for:   | lan 📙 a               | multiple-e   | mployer plan (not mu      | ltiemployer)      | a one-participant plan |                          |                      |  |  |
| В.         | This return/report is: the first return/report   | t 📙 ti                | he final retu  | ım/report                 |                   |                        |                          |                      |  |  |
|            | an amended return  | report 🗌 a            | short plan   | year return/report (le    | ss than 12 months | s)                     |                          |                      |  |  |
| C          | Check box if filing under: x Form 5558   | Π̈́a                  | utomatic e   | xtension                  |                   | П                      | DFVC program             | 1                    |  |  |
|            | special extension (e   | enter description)    |  |                           |                   |                        |                          |                      |  |  |
| 10.00      |  |                       |  |                           |                   |                        |                          |                      |  |  |
| -          | art II Basic Plan Information enter at   | requested information | ation.   |                           |                   | 46 =                   | 1                        | ·                    |  |  |
| та         | Name of plan   |                       |  |                           |                   |                        | hree-digit<br>lan number |                      |  |  |
|            | Wolfstone, Panchot & Bloch, P.S., In   | nc. Profit Sh         | naring a   | and 401(k) Plan           | a                 |                        | PN) ►                    | 001                  |  |  |
|            |  |                       |  |                           |                   |                        | ffective date of         | olan                 |  |  |
|            |  |                       |  |                           |                   |                        | 1/01/1991                |                      |  |  |
| 2a         | Plan sponsor's name and address; include room or su Wolfstone, Panchot & Bloch, PS Inc.              | ite number (emplo     | yer, if for s  | ingle-employer plan)      | :                 |                        | mployer Identific        |                      |  |  |
|            | WOIISCOME, PARCHOL & BIOCH, PS INC.  |                       |  |                           | <u> </u>          | (E                     | EIN) 91-150              | 4890                 |  |  |
|            |  |                       |  |                           | 1 3               |                        | •                        | lephone number       |  |  |
|            | 1111 Third Avenue, Suite 1800  |                       |  |                           | <u> </u>          |                        | 206) 682-38              |                      |  |  |
|            |  |                       |  |                           | -                 |                        | usiness code (s<br>41110 | ee instructions)     |  |  |
|            | Seattle WA 98101   |                       | 'Comell'   |                           |                   |                        | dministrator's E         |                      |  |  |
| 3 <b>a</b> | Plan administrator's name and address (If same as plants Same  | an sponsor, enter     | oaine )  |                           | ,                 | JU A                   | commistrators E          | III                  |  |  |
|            |  |                       |  |                           |                   |                        |                          |                      |  |  |
|            |  |                       |  |                           |                   | 3C A                   | dministrator's te        | elephone number      |  |  |
|            |  |                       |  |                           |                   |                        |                          |                      |  |  |
| 4          | If the name and/or EIN of the plan sponsor has chang   |                       | eturn/repor  | t filed for this plan, en | iter the          | 4b E                   | in                       |                      |  |  |
| _          | name, EIN, and the plan number from the last return/r  | eport.                |  |                           | <u> </u>          | 4c P                   | 'n                       |                      |  |  |
|            | Sponsor's Name  Total number of participants at the beginning of the pl                              | an year               |  |                           |                   | 5a                     | I                        | 23                   |  |  |
| b          |  |                       |  |                           |                   | <u>5b</u>              |                          | 23                   |  |  |
| Č          |  |                       |  |                           | _                 |                        |                          |                      |  |  |
|            | complete this item)  |                       |  |                           |                   | 5c_                    |                          | 23                   |  |  |
| 6a         | Were all of the plan's assets during the plan year inve  | sted in eligible ass  | sets? (See   | instructions.) .          |                   |                        |                          | X Yes No             |  |  |
| b          | Are you claiming a waiver of the annual examination a  | •                     |  |                           |                   |                        |                          | ₩.                   |  |  |
|            | under 29 CFR 2520.104-46? (See instructions on waiting answered "No" to either 6a or 6b, the plan of | • •                   | •  |                           |                   | • •                    |                          | X Yes No             |  |  |
| D          | art III Financial Information  | aimot use Form s      | 5500-5F at   | iu must msteau use        | FOIII 5500.       |                        |                          |                      |  |  |
| 7          | Plan Assets and Liabilities  |                       |  | (a) Beginnir              | ng of Year        |                        | (b) End o                | of Year              |  |  |
| ٠.         |  | 0                     |  | (a) Deginini              |                   |                        | (b) Elia (               | <del></del>          |  |  |
| a          | 1  |                       | 7a   |                           | 4,533,398         |                        |                          | 4,230,067            |  |  |
| b          | · · •  |                       | 7b   |                           | 4 522 222         |                        |                          | 4 000 057            |  |  |
| <u>c</u>   |  | • • • • • •           | 7c   |                           | 4,533,398         |                        | /h\ T                    | 4,230,067            |  |  |
| 8<br>a     | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:        |                       | STATE OF THE PARTY | (a) Am                    | Juill             | 10.9                   | (b) T                    | oual                 |  |  |
| a          | (1) Employers  |                       | 8a(1)  |                           | 13,492            | 100                    | 1 154                    | 524.55               |  |  |
|            | (2) Participants   |                       | 8a(2)  |                           | 72,031            |                        | 4 16 2 2                 |                      |  |  |
|            | (3) Others (including rollovers)   |                       | 8a(3)  |                           | 118,004           | 10.0                   |                          |                      |  |  |
| b          |  |                       | 8b   |                           | (111,113)         | 1                      |                          |                      |  |  |
| С          |  |                       | 8c   | THE RESERVE               | 1                 |                        |                          | 92,414               |  |  |
| d          |  | premiums              |  | 4/2/2                     |                   | 400                    |                          |                      |  |  |
|            | to provide benefits)   |                       | 8d   |                           | 395,745           | -                      |                          |                      |  |  |
| е          | Certain deemed and/or corrective distributions (see in   | structions)           | 8e   |                           |                   |                        | 70 / 10 10               |                      |  |  |
| f          | Administrative service providers (salaries, fees, comm   | nissions)             | 8f   |                           |                   | 1555<br>1555<br>1555   | 676                      |                      |  |  |
| g          | Other expenses   |                       | 8g   |                           |                   |                        |                          |                      |  |  |
| h          | Total expenses (add lines 8d, 8e, 8f, and 8g)  |                       | 8h   | 一种种类型的                    |                   |                        |                          | 395,745              |  |  |
| į          | Net income (loss) (subtract line 8h from line 8c)  |                       | 8i   | <b>"是这种人的人</b>            | · (1)             |                        |                          | (303,331)            |  |  |
| i          | Transfers to (from) the plan (see instructions)  |                       | 8  |                           |                   | 100                    | THE PERSON NAMED IN      | BUTCH STATE OF STATE |  |  |

|     | Form 5500-SF 2011   | Pag   | e 2-               |          |              |          |                 |  |         |
|-----|---|---|--------------------|----------|--------------|----------|-----------------|--|---------|
| Par | IV Plan Characteristics   |   |                    |          |              |          |                 |  |         |
|     | If the plan provides pension benefits, enter the applicable pension feature   | codes from the List of                          | Plan Character     | istic Co | des in       | the ins  | tructions:      |  |         |
| b   | 2F 2E 2J 3D  If the plan provides welfare benefits, enter the applicable welfare feature c  | odes from the List of                           | Plan Characteris   | stic Cod | les in th    | ne instr | uctions:        |  |         |
| _   |   |   |                    |          |              |          |                 |  |         |
| Pa  | Compliance Questions  |   |                    |          |              |          |                 |  |         |
| 10  | During the plan year:   |   |                    |          | Yes          | No       | An              | nount  |         |
| а   | Was there a failure to transmit to the plan any participant contributions v<br>29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary C         | vithin the time period (<br>Correction Program) | described in       | . 10a    |              | х        |                 |  |         |
| b   | Were there any nonexempt transactions with any party-in-interest? (Do   |   | ns reported        |          |              | х        |                 |  |         |
|     | on line 10a.)   |   |                    | . 10b    |              |          |                 |  | .00 000 |
| C   |   |   |                    | · 10c    | ×            |          |                 |  | 00,000  |
| d   | Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?   |   | ed by πaud         | · 10d    |              | x        |                 |  |         |
| е   | Were any fees or commisions paid to any brokers, agents, or other pers  | sons by an insurance                            | carrier,           |          |              |          |                 |  |         |
|     | insurance services or other organization that provides some or all of the instructions.)  | e benefits under the pi                         | an <i>r</i> (See   | . 10e    |              | х        |                 |  |         |
| f   | Has the plan failed to provide any benefit when due under the plan? .   |   |                    | · 10f    |              | х        |                 |  |         |
| g   | Did the plan have any participant loans? (If "Yes," enter amount as of ye   | ear end.)                                       |                    | · 10g    |              | х        |                 |  |         |
| h   | If this is an individual account plan, was there a blackout period? (See is 2520.101-3.)  |   | R                  | . 10h    |              | х        | 温料              |  |         |
| i   | 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                  |   |                    | . 101    |              |          |                 |  | *       |
|     | t VI Pension Funding Compliance   |   |                    |          |              |          |                 |  |         |
| 11  | Is this a defined benefit plan subject to minimum funding requirements? 5500))  | <u> </u>  | <del></del>        | • • •    | • •          |          | • • • •         |  | X No    |
| 12  | Is this a defined contribution plan subject to the minimum funding requir   |   | 2 of the Code or   | section  | 1 302 o      | f ERIS   | A?              | Yes  | X No    |
| _   | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.   |   | ar aga inatmotiv   | ana an   | d antar      | the de   | to of the lette | r nulina   |         |
| 8   | If a waiver of the minimum funding standard for a prior year is being am granting the waiver  |   | M                  | onth     |              | Day      |                 | ear  |         |
| t   |   |   |                    |          | ٠. [         | 12b      |                 |  |         |
| •   |   |   |                    |          | . [          | 12c      |                 |  |         |
| •   | Subtract the amount in line 12c from the amount in line 12b. Enter the regative amount)   |   | ign to the left of | а<br>    |              | 12d      |                 |  |         |
|     | Will the minimum funding amount reported on line 12d be met by the fu   | inding deadline? .                              | · · · · ·          |          |              | • • •    | Yes [           | No   | ∐N/A    |
| Pa  | TVII Plan Terminations and Transfers of Assets  |   |                    |          |              |          |                 |  |         |
| 13  | Has a resolution to terminate the plan been adopted in any plan year?   |   |                    | • •      | · · <u>-</u> |          | · · · ·         | Yes  | X No    |
|     | If "Yes," enter the amount of any plan assets that reverted to the emplo  |   |                    | • •      | <u>: : </u>  | 13a      |                 |  |         |
| )   | Were all the plan assets distributed to participants or beneficiaries, tran<br>of the PBGC?   | nsferred to another pla                         | in, or brought un  | nder the | contro       | ) <br>   |                 | Yes  | X No    |
| (   | If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)             | nis plan to another pla                         | n(s), identify the | plan(s)  | to           |          |                 |  |         |
|     | 13c(1) Name of plan(s):   |   |                    |          | 13           | 3c(2) E  | IN(s)           | 13c(3)   | PN(s)   |
|     |   |   |                    |          |              |          |                 |  |         |
|     |   |   |                    |          |              |          |                 | <del>                                     </del> |         |
|     |   |   |                    |          |              |          |                 |  |         |
| Cau | tion: A penalty for the late or incomplete filing of this return/report w   | ill be assessed unle                            | s reasonable o     | cause is | s estat      | olished  | l.              |  |         |
| Unc | er penalties of perjury and other penalties set forth in the instructions, I de<br>or Schedule MB completed and signed by an enrolled actuary, as well as t | clare that I have exam                          | nined this return/ | report,  | includi      | ng, if a | pplicable, a S  | chedule<br>Ige and                               |         |
|     | of, it is true, correct, and complete.  | -   |                    |          |              |          |                 |  |         |
| S   | GN Edwin G. Woodward  |   | Edwin G. W         | loodwa   | ırd          |          |                 |  |         |
| 100 | ERE Signature of plan administrator   | Date 10/4/12                                    | Enter name of      | individu | al sign      | ing as   | plan administ   | rator  |         |
| \$  | IGN Edwin G. Woodward   |   | Edwi               | nc       | F. C         | No       | <u>odwai</u>    | <u>'d</u>  |         |
|     | Signature of employer/plan sponsor  | Date /0/11/12                                   | Enter name of      | individu | ıal sign     | ing as   | employer or p   | olan spons                                       | or      |