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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

| | Complete all entries in according to the complete all entries and the complete all entries are according to the complete all entries and the complete all entries are according to the complete all entries are acco | dance witl | h the instructions to the Form 5500 |)-SF. | | | |
|--------|---|-------------|--|--------|-------------------|--------------------------|-----|
| P | art I Annual Report Identification Information | | | | | | |
| For | calendar plan year 2011 or fiscal plan year beginning 01/01/201 | 1 | and ending 1 | 2/31/2 | 2011 | | |
| Α | This return/report is for: | a multiple | -employer plan (not multiemployer) | | a one-particip | ant plan | |
| | This return/report is: | | eturn/report | | | · | |
| | | | · | 41\ | | | |
| | 님 ' 님 | · | an year return/report (less than 12 mo | ontns) | | | |
| С | Check box if filing under: | automatio | extension | | DFVC progra | m | |
| | special extension (enter description | on) | | | | | |
| Pa | art II Basic Plan Information—enter all requested information | ation | | | | | |
| | Name of plan | | | 1b | Three-digit | | |
| | LER FAMILY LIMITED PARTNERSHIP DEFINED BENEFIT PLAN | | | | plan number | | |
| | | | | | (PN) ▶ | 001 | |
| | | | | 1c | Effective date of | plan | |
| | | | | | 01/01 | /2003 | _ |
| | Plan sponsor's name and address; include room or suite number (e | mployer, if | for a single-employer plan) | 2b | Employer Identif | | |
| VVEL | LER FAMILY LIMITED PARTNERSHIP | | | | (EIN) 91-17 | | _ |
| | | | | 2c | Sponsor's telep | | |
| | E. 99TH STREET | | | | 253-53 | | |
| TAC | OMA, WA 98445 | | | 2d | | see instructions) | |
| | | | | | 54199 | | |
| | Plan administrator's name and address (if same as plan sponsor, el | | 2") | 3b | Administrator's I | EIN 05851 | |
| VVEL | LER FAMILY LIMITED PARTNERSHIP 2002 E. 99TH TACOMA, W. | | + | 30 | | elephone numbe | _ |
| | | | | 36 | 253-535 | elephone numbe 5-4433 | 1 |
| 4 | If the name and/or EIN of the plan sponsor has changed since the I | ast return/ | report filed for this plan, enter the | 4b | | | |
| - | name, EIN, and the plan number from the last return/report. | aot 10ta, | report med for time plans, erries time | | | | _ |
| а | Sponsor's name | | | 4c | PN | | |
| 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 |
| С | Number of participants with account balances as of the end of the | | | 0.0 | | | |
| | complete this item) | • ' | • | 5c | | | |
| 6a | Were all of the plan's assets during the plan year invested in eligib | le assets? | (See instructions.) | | | X Yes N | 10 |
| b | Are you claiming a waiver of the annual examination and report of | an indeper | ndent qualified public accountant (IQF | PA) | | | |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility | and conditi | ions.) | | | X Yes \ \ | Ю |
| _ | If you answered "No" to either 6a or 6b, the plan cannot use Fo | orm 5500- | SF and must instead use Form 550 | 00. | | | |
| Pa | rt III Financial Information | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | | (b) End | of Year | |
| а | Total plan assets | . 7a | 1155527 | | | 1142736 | |
| b | Total plan liabilities | . 7b | 0 | | | 0 | |
| С | Net plan assets (subtract line 7b from line 7a) | . 7c | 1155527 | | | 1142736 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | (b) T | otal | |
| а | Contributions received or receivable from: | | , , | | ν-7 · | | |
| | (1) Employers | . 8a(1) | 60000 | | | | |
| | (2) Participants | 8a(2) | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | |
| b | Other income (loss) | | -12421 | | | | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | 47579 | |
| d | Benefits paid (including direct rollovers and insurance premiums | 00 | | | | | |
| u | to provide benefits) | . 8d | 60370 | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | |
| | Other expenses | | | | | | |
| g | · | | | | | 60370 | |
| h : | Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | | | _ |
| ! | Net income (loss) (subtract line 8h from line 8c) | | | | | -12791 | _ |
| J | Transfers to (from) the plan (see instructions) | 8j | | | | | |

| _ | | | |
|------|------|-----|------|
| Form | 5500 | -85 | 2011 |
| | | | |

| Part IV | Plan | Charact | aristics |
|---------|---------|---------|----------|
| railiv | ı Fiaii | Charact | ensucs |

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

| art ' | V Compliance Questions | | | | | | | |
|---------|---|--------|---------|---------|-------|----|--------|-------|
| 0 | During the plan year: | | Yes | No | | Am | ount | |
| а | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | X | | | | |
| | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | X | | | | |
| С | Was the plan covered by a fidelity bond? | 10c | | X | | | | |
| | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | Χ | | | | |
| | Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) | 10e | | X | | | | |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | | X | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | | Χ | | | | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR | 10h | | Х | | | | |
| | 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 | | Х | | | | |
| Part \ | /I Pension Funding Compliance | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (1500)) | | | | | X | Yes | No |
| | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of | | | | | | Yes | X No |
| 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 amortized in this plan year, see instructi granting the waiver | | | | | | | |
| | ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | Г | 401- | | | | |
| | Enter the minimum required contribution for this plan year | | | 12b | | | | |
| | Enter the amount contributed by the employer to the plan for this plan year | | - | 12c | | | | |
| | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount) | | | 12d | | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | | No | N/A |
| art \ | /II Plan Terminations and Transfers of Assets | | | | | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | | Y | es X | No | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 1 | 3a | | | | | |
| | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur of the PBGC? | nder | the co | ntrol | | | Yes | X No |
| | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.) | e plar | n(s) to | | | | - | |
| 13 | Sc(1) Name of plan(s): | | 130 | (2) EII | ۷(s) | | 13c(3) | PN(s) |
| | | | | | | | | |
| Causi | on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable | cau | se is | establi | shed. | | | |
| valiili | | | | | | | | |

belief, it is true, correct, and complete.

| SIGN | Filed with authorized/valid electronic signature. | 10/15/2012 | STEVEN SCHUMPP PREPARER |
|------|---|------------|--|
| 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 |

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department 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

| | | | | | | | | | ▶ File | as an atta | | nt to Form | 5500 or | 5500- | 5F. | | | | | | | |
|-----|------------------|----------|--------|--------------------|-------|----------|-----------|------------|---------------|----------------------------------|---------|---------------|--------------|---------|------------|--------|-------------|------------|-------------|-----------------|---------|---------|
| Fo | r caler | ndar p | lan | year 201 | 1 or | fisca | plan y | ear beg | inning | 01/01/20 | 11 | | | | and en | ding | 12/31/ | ′201′ | 1 | | | |
| • | Roun | d off | amo | ounts to | nea | arest | dollar. | | | | | | | | | | | | | | | |
| • | Cauti | on: A | per | nalty of \$ | 1,00 | 00 will | be ass | essed f | or late filin | ng of this re | eport u | nless reas | onable ca | ause is | s establis | hed. | | | | | | |
| | Name ELLER | | | LIMITED |) PA | RTNE | RSHIF | P DEFIN | IED BENE | EFIT PLAN | | | | В | Three-c | • | r (PN) | | > | | 001 | |
| | | | | | | | | | | | | | | | | | | | | | | |
| _ | Diama | | | | | | . I: O- | | 5500 | - FF00 OF | | | | _ | | ماما م | | N.I. | | (CINI) | | |
| | | | | name as LIMITED | | | | | m 5500 or | 5500-SF | | | | | Employe | | entificatio | n Nu | ımber (| (EIIV) | | |
| ••• | | . , | | | | | | | | | | | | 91 | -1705851 | | | | | | | |
| _ | T. m.o. o | f nlan | | Cinala | П | N 414 | ple-A | Пълы | tiala D | | E 5 | | | 100 | or fewer | П | 101 500 | | Mara | than FO | ` | |
| _ | Туре о | | | Single | Ш | | pie-A | IVIUI | tiple-B | | ГР | rior year pla | ın sıze: | 100 | or iewer | | 101-500 | <u>'</u> Ц | wore | than 50 |) | |
| P | art I | В | asi | c Infor | ma | tion | | | | | | | | | | | | | | | | |
| 1 | Ente | er the | valu | ıation da | te: | | N | Month _ | 01 | Day | 01 | Year _ | 2011 | _ | | | | | | | | |
| 2 | Ass | ets: | | | | | | | | | | | | | | _ | | | | | | |
| | а | Mark | et v | alue | | | | | | | | | | | | | 2a | | | | | 1146931 |
| | b | Actu | arial | value | | | | | | | | | | | | | 2b | | | | | 1146931 |
| 3 | Fun | ding t | arge | et/particip | ant | coun | break | down: | | | | | (1) N | lumbe | r of parti | cipaı | nts | | (2) | Fundin | g Targe | t |
| | а | For | retire | ed partic | ipan | ts and | d benef | iciaries | receiving | payment | | 3a | | | | | 0 | | | | | 0 |
| | b | For | term | inated v | este | d part | icipant | s | | | | 3b | | | | | 0 | | | | | 0 |
| | С | | | e partici | | | | | | | | | | | | | | | | | | |
| | | (1) | Nor | n-vested | ben | efits | | | | | | 3c(1) | | | | | | | | | | 0 |
| | | (2) | Ves | sted ben | efits | | | | | | | 3c(2) | | | | | | | | | | 1100248 |
| | | (3) | | | | | | | | | | 3c(3) | | | | | 2 | | | | | 1100248 |
| | d | ` ' | | | | | | | | | F | 3d | | | | | 2 | | | | | 1100248 |
| 4 | If th | | | | | | | | | te lines (a) | | o) | | | | | | | | | | |
| - | a | • | | | | | | | • | mptions | | • | | ш | | Γ | 4a | | | | | |
| | _ | | • | Ū | _ | | ٠. | | | implions isregarding | | | | | | H | | | | | | |
| | D | | | | | | | | | and disreg | | | | | | | 4b | | | | | |
| 5 | Effe | | | | | | | | • | | | • | | | | | 5 | | | | | 6.02 % |
| 6 | Targ | get no | rma | I cost | | | | | | | | | | | | | 6 | | | | | 3484 |
| Sta | temen | nt by | Enro | olled Act | tuar | У | | | | | | | | | | | <u> </u> | | | | | |
| | accorda | ance wit | h app | licable law | and r | egulatio | ns. In my | opinion, e | | ccompanying s sumption is re- | | | | | | | | | | | | |
| | SIGN | ı | | | | | | | | | | | | | | | | | | | | |
| | HERE | | | | | | | | | | | | | | | | | • | 10/10/2 | 2012 | | |
| | | • | | | | | Signa | ture of a | actuary | | | | | | | | | | Date | | | |
| LA | VREN | CE S. | BU | TCHER, | E.A | | Ü | | • | | | | | | | | | | 11-058 | 343 | | |
| | | | | | | Tvp | e or pr | int name | e of actual | rv | | | | _ | | | Most rec | ent e | enrollm | ent nur | nber | |
| VE | RISIGH | HT, IN | C. | | | . 71 | | | | ., | | | | | | | | | | 88-6756 | | |
| | | | | | | | F | irm nan | ne | | | | | _ | - | Tele | phone nu | | | | | e) |
| | S. LA | | E S | Γ. | | | | | - | | | | | | | 2.0 | , | | | y u | , 500 | - / |
| | ITE 22: ICAGC | | 060 | 3 | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | _ | | | | | | | | |
| | | | | | | | Addı | ress of t | he firm | | | | | | | | | | | | | |
| | e actua | | s no | ot fully re | flect | ed an | y regul | ation or | ruling pro | mulgated u | under | the statute | in compl | eting t | his sche | dule, | check th | ne bo | x and | see | | |

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

| Pa | art II | Begir | ning of year | carryove | er and prefunding bal | ances | | | | | | |
|----|--------------------|-------------|------------------------------|----------------|-------------------------------------|--------------------------|---------------|---------------------------|---------|--------|----------|---------------------|
| | | | | | | | (a) C | arryover balance | : | (b) | Prefundi | ng balance |
| 7 | | Ū | 0 , , | | cable adjustments (line 13 fr | | | | 0 | | | 0 |
| 8 | | | • | - | unding requirement (line 35 | | | | 0 | | | 0 |
| 9 | Amount | t remainii | ng (line 7 minus li | ne 8) | | | | | 0 | | | 0 |
| 10 | Interest | on line 9 | ousing prior year's | s actual ret | urn of10.47% | | | | | | | |
| 11 | Prior ye | ar's exce | ess contributions t | o be added | to prefunding balance: | | | | | | | |
| | a Pres | sent valu | e of excess contri | butions (lin | e 38 from prior year) | | | | | | | 2345 |
| | | | | | rate of 6.60 % except | | | | | | | 155 |
| | C Tota | ıl availabl | e at beginning of co | urrent plan y | ear to add to prefunding bala | nce | | | | | | 2500 |
| | d Port | tion of (c) | to be added to p | efunding b | alance | | | | | | | 2500 |
| 12 | Other re | eductions | s in balances due | to elections | s or deemed elections | | | | | | | |
| 13 | Balance | at begir | nning of current ye | ear (line 9 + | - line 10 + line 11d – line 12) | | | | 0 | | | 2500 |
| P | art III | Fun | ding percenta | ages | | | | | | | | |
| 14 | Funding | g target a | attainment percent | age | | | | | | | 14 | 104.01 % |
| 15 | Adjuste | d fundin | g target attainmen | t percentag | je | | | | | | 15 | 104.26 % |
| 16 | - | | • • | | of determining whether carr | • | - | • | | | 16 | 74.40 % |
| 17 | If the cu | ırrent val | ue of the assets o | f the plan i | s less than 70 percent of the | funding targ | get, enter si | uch percentage | | | 17 | % |
| Pa | art IV | Con | tributions an | d liquidi | ty shortfalls | | | | | | | |
| 18 | Contrib | | | | ear by employer(s) and emp | loyees: | | | | | | |
| (N | (a) Dat 1M-DD-Y | | (b) Amount p employer | | (c) Amount paid by employees | (a) Da (MM-DD- | | (b) Amount pa employer | | (| | nt paid by byees |
| 08 | /28/2012 | | | 60000 | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | Totals ► | 18(b) | | 60000 | 18(c) | | 0 |
| 19 | Discour | nted emp | loyer contributions | s – see inst | ructions for small plan with a | a valuation d | ate after th | e beginning of the | e year: | | | |
| | a Conti | ributions | allocated toward | unpaid min | imum required contributions | from prior ye | ears | | 19a | | | 0 |
| | b Conti | ributions | made to avoid res | strictions ac | djusted to valuation date | | | | 19b | | | 0 |
| | C Contr | ributions a | allocated toward mi | nimum requ | uired contribution for current y | ear adjusted t | to valuation | date | 19c | | | 54464 |
| 20 | Quarter | ly contrib | outions and liquidit | y shortfalls | : | | | | | | | |
| | a Did th | he plan h | nave a "funding sh | ortfall" for t | he prior year? | | | | | | X | Yes No |
| | b If 20a | a is "Yes, | " were required q | uarterly ins | tallments for the current yea | r made in a t | timely manı | ner? | | ······ | X | Yes No |
| | C If 20a | a is "Yes, | " see instructions | and compl | ete the following table as ap | plicable: | | | | | | |
| | | | | | Liquidity shortfall as of er | nd of quarter | | | | | | |
| | | (1) 19 | st | | (2) 2nd | | (3) | 3rd | | | (4) 4th | 1 |
| | | | | | | | | | | | | |

| Pa | rt V | V Assumptions used to determine funding target and target normal cost | | | | | | | | | | |
|----|--------------|---|---------------------------|----------|----------------------------------|--------|--------------------------|--------------|--|--|--|--|
| 21 | Disco | unt rate: | | | | | | | | | | |
| | a Se | egment rates: | 1st segment: 3.78% | | 2nd segment: 6.31% | | 3rd segment: 6.57 % | | N/A, full yield curve used | | | |
| | b Ap | oplicable month | (enter code) | | | | | 21b | 4 | | | |
| 22 | Weigh | nted average ret | tirement age | | | | | 22 | 73 | | | |
| | | lity table(s) (see | | | escribed - combined | _ | scribed - separate | Substitu | te | | | |
| Pa | rt VI | Miscellane | ous itams | | <u>L</u> | | • | | | | | |
| - | | 1 | | ned acti | uarial assumptions for the co | urrent | nlan vear? If "Yes " see | instructions | regarding required | | | |
| | attach | nment | | | | | | | Yes X No | | | |
| 25 | Has a | method change | e been made for the cur | rent pla | an year? If "Yes," see instru | ctions | regarding required attac | hment | Yes 🔀 No | | | |
| 26 | Is the | plan required to | provide a Schedule of | Active | Participants? If "Yes," see i | nstruc | tions regarding required | attachment | Yes X No | | | |
| 27 | | | • | | nding rules, enter applicable | | | 27 | | | | |
| | rt VII | | • | | m required contribut | | <u> </u> | | | | | |
| | | | | | years | | | 28 | 0 | | | |
| 29 | | | | | unpaid minimum required o | | | 29 | 0 | | | |
| 30 | Rema | aining amount of | f unpaid minimum requi | red con | tributions (line 28 minus line | 29) | | 30 | 0 | | | |
| Pa | rt VIII | Minimum | required contribu | tion f | or current year | | | | | | | |
| 31 | Targe | et normal cost a | nd excess assets (see i | nstructi | ions): | | | | | | | |
| | a Tar | get normal cost | (line 6) | | | | | 31a | 3484 | | | |
| | b Ex | cess assets, if a | applicable, but not great | er than | 31a | | | 31b | 3484 | | | |
| 32 | Amor | tization installme | ents: | | | | Outstanding Bala | nce | Installment | | | |
| | a Ne | t shortfall amort | ization installment | | | | | 0 | 0 | | | |
| | b Wa | aiver amortizatio | on installment | | | | | 0 | 0 | | | |
| 33 | | | | | ter the date of the ruling lette | | | 33 | | | | |
| 34 | Total | funding requirer | ment before reflecting ca | arryove | er/prefunding balances (lines | 31a - | 31b + 32a + 32b - 33) | 34 | 0 | | | |
| | | <u> </u> | | | Carryover balance | | Prefunding balar | nce | Total balance | | | |
| 35 | Ralan | icas alacted for i | use to offset funding | | , | | ŭ . | | | | | |
| 00 | | | | | | | | | 0 | | | |
| 36 | Additi | onal cash requir | rement (line 34 minus li | ne 35). | | | | 36 | 0 | | | |
| 37 | | | | | ontribution for current year a | • | | 37 | 54464 | | | |
| 38 | | · · | ess contributions for cur | | | | | | | | | |
| | | | | - | | | | 38a | 54464 | | | |
| | | | | | prefunding and funding star | | | 38b | | | | |
| 39 | | | | | ear (excess, if any, of line 36 | | | 39 | 0 | | | |
| 40 | | | | | | | • | 40 | 0 | | | |
| | rt IX | | | | nsion Relief Act of 20 | | | | | | | |
| | | | _ | | rsuant to an alternative amo | | | | | | | |
| | | | | | | | | | 2 plus 7 years 15 years | | | |
| | | | | | 11a was made | | | | ' | | | |
| 42 | | | , | | | | | 42 | | | | |
| | | | | | d over to future plan years | | | 43 | | | | |
| 40 | LXCES | o motamment ac | ociciation amount to be | carrie(| a over to ruture pian years | ••••• | | +3 | | | | |

OCT-12-2012 13:45 From:15099281636

| | Short Form Annual Re | eturn/Rep | ort of Small Employ | ee | O | MB Nos. 1210-0110 1210-008 0 |
|--|--|---|--|------------------------|--------------------------------|--|
| Form 5500-SF | · | Benefit Pla | n | - 1. | 20 | 011 |
| Operationant of Labor | This form is required to be filed Retirement Income Security Act of | i under sections 1974 (ERISA). i I Revenue Code | THE MICHORN DOWN TO WITH DAY | a) of | This Form is | Open to Public |
| Constayed Bonaffor Assaulty Administration People Report Contractly Comparation | Complete all entries in accord | dance with the | instructions to the Form 5500 | -SF. | - Itial | |
| | identification information | | | | T | |
| For estandar plan year 2011 or tie | on plan year beginning C | <u> </u> | គកថ Cercinu | | 127 <u>31/201</u> | |
| A This return/report is for | 🛛 a single-employer plan | ស ការបង្រែងe-emp | loyer plan (not multicmployer) | L | a one-particip | eaut bian |
| B This return/report is: | [] the first return/report | the final rอเมทา | | | | |
| F2 ////0 / 4/-// - // - // - // - // - // | an anionded return/report | a short plan ye | or return/report (less than 12 m | | 3 | |
| C Check box if filing under: | 🕅 Form 5558 | automotic extr | ntiian | Į, | DFVC քաղյա | MT1 |
| C Official print in military and con- | apecial extension (enter description) | on) | | | | |
| Part II Basic Plan Info | ormation—enter all requested infurm | | | - - | | |
| 1a Namo of pien | | | | | Three-digit plan number | |
| Weller Family Lim | ited Parlnership | | | | (PN) | 001 |
| Defined Benefit " | | | | 1c | Effective date of 01/01/200 | |
| 5 | odress; include room er suite number (| omplever if for | a single-employer plan) | 2b | Employer Ident | ification Number |
| Weller Family Lin | nited Partnership | (2011)21-3-1, 11 1-1 | | | (EIN) 91-17(| 15851 |
| MCTWeel Yourstand | , | | | 2c | Sponsor's tele; (253) 535 | phone number = 4.4 % |
| | | | | | | (see instructions) |
| 2002 E. 99th Stri | 조용 [, | | ens. Adva Al | 20 | 541990 | (25¢ #190 Benevity) |
| Tacoma T | | 1 (Famo) | WA 98445 | 36 | Administrator's | EIN |
| 3a Plan administrator's name a Same | and address (If some as plan aponsor. | autelzaltić) | | | | |
| and divide | | | | 3c | Administrator's (クラオ) 535 | statephone number 5 = 4 4 3 3 |
| | | | un filed for this plan, anter the | 46 | EIN | |
| 4 If the name and/or EiN of the | he plan sponsor has changed since the content from the last return/report. | e lost totaluseb | off fillig for this plant, which the | 170 | Cit | |
| вахо, стр., ыло то рыт г а Sponsor's пата | faultica light the last total probability | | | 4c | PN | <u> </u> |
| Sa. Tata number of participan | its at the beginning of the plan year | | | <u>5a</u> | | <u> </u> |
| b Total number of participan | its at this end of the plan year | | | 5b | | 2 |
| A COMMITTER OF PROPERTY OF | | ab) novenal d ar | ined benefit plans du not | | 1 | |
| turner or of consistence to self | th account balances as of the one of th | | | 35 | | X Yes No |
| Number of participants with | | TABLE . C. LAND TO COMPANY AND LINE | | | | |
| c Number of participants will complete this item) | ate during the plan year invested in alix | cible assets? (S | ee instructions,) | | | |
| c Number of participants with complete this item). 6a Were all of the plan's assub Are you claiming a waiver | rats during the plan year invosted in aliq | gible assets? (S of an independent | ee instructions.) ent qualified public accountant (is.) | IQPA) | | Yes No |
| c Number of participants with complete this item). 6a Were all of the plan's assub Are you claiming a waiver | rats during the plan year invosted in aliq | gible assets? (S of an independent | ee instructions.) ent qualified public accountant (is.) | IQPA) | | |
| C Number of participents wif complete this item). 6a Were all of the plan's assumed a variety of the plants and a variety of the plants are all of the plants and a variety of the plants are all of the | eats during the plan year invosted in eliq of the annual examination and report 46? (She instructions on walver oligibil o either 6a or 6b, the plan carnet use | gible assets? (S of an independent | ee instructions.) ent qualified public accountant (is.) | IQPA) | | Yos No |
| C Number of participants with complete this item). 6a Were all of the plan's assortion of the plan's assortion of the plan's assortion of the plan's assortion of the plant assortion of the plant is assorted to the plant | nats during the plan year invosted in elic r of the annual examination and report 46? (Sno instructions on walver oligibili o sither 6a or 6b, the plan cannot use ormation | gible assets? (S of an independent | ee instructions.) ent qualified public accountant (ib.) and must instead use Form (a) Bogloning of Year | IQPA) 5500. | | Yes No |
| c Number of participants with complete this item). 6a Were all of the plan's assortion of the plant is a sortion of the plant is a | nats during the plan year invosted in elig r of the annual examination and report 46? (Sno instructions on walver oligibili o sither 6a or 6b, the plan cannot use ormation | gible assets? (\$ of an independition and condition a Form \$500-\$ | ee instructions.) ent qualified public accountant is.) | IQPA) 5500. | | Yes No |
| c Number of participants wif complete this item). 6a Were all of the plac's asset to the place to the pla | rats during the plan year invosted in elic r of the annual examination and report 46? (She instructions on waiver eligibili either 6a or 6b, the plan cannot use ormation | gible assets? (S of an independing and conditions Form 5500-S | ent qualified public accountant in it. and must instead use Form (a) Beginning of Year 1, 155, | 1QPA) 5500, 5327 | | Yes No |
| c Number of participents with complete this train). 6a Were all of the plac's assibility of the place of the pla | rats during the plan year invested in elic r of the annual examination and report 46? (Snc instructions on waiver oligibili either 6a or 6b, the plan cannot use ormation | gible assets? (6 of an independity and condition a Form 5500-Si | ee instructions.) ent qualified public accountant (ib.) and must instead use Form (a) Bogloning of Year | 1QPA) 5500, 5327 | (b) E | Yes No |
| C Number of participents will complete this item). 6a Were all of the plan's asset under 29 CFR 2520, 104-4 if you answered "No" to Part III Financial Info 7 Plan Assets and Liabilities a Total plan liabilities b Total plan liabilities C Net plan assets (subtract | rats during the plan year invosted in eliq r of the annual examination and report 46? (See instructions on walver oligibili o cither 6a or 6b, the plan cannot use ormation | gible assets? (6 of an independity and condition a Form 5500-Si | ent qualified public accountant in it. and must instead use Form (a) Beginning of Year 1, 155, | 1QPA) 5500, 5327 | (b) E | Yes No |
| C Number of participents will complete this item). 6a Were all of the plan's asset before 29 CFR 2520, 104-4 if you answered "No" to Part III Financial Info 7 Plan Assets and Liabilities a Total plan labilities b Total plan labilities c Net plan assets (subtract 8 Income, Expenses, and 6 as Contributions tractived or a contribution of the contr | ints during the plan year invosted in elic r of the annual examination and report 46? (She instructions on waiver eligibility) either 6a or 6b, the plan cannot use primation a they 7b from line 7u francters for this Plan Yuar r receivable from. | gible assets? (6 of an independition in the condition is Form \$500-\$1 | ee instructions.) | 527 9527 | (b) E | Yes No |
| C Number of participents will complete this item). 6a Were all of the plan's asset b Are you elatrning a waiver under 29 CFR 2520.104-tit you answered "No" to Part III Financial Info 7 Plan Assets and Liabilities a Total plan assets | rats during the plan year invested in elic r of the annual examination and report 46? (She instructions on waiver eligibility) either 6a or 6b, the plan cannot use primation a three 7b from line 7u) fransters for this Plan Yuar receivable from. | gible assets? (6 of an independity and condition a Form 5500-Si 7a 7b 7c 8a(1) | ee instructions.) | 1QPA) 5500, 5327 | (b) E | Yes No |
| C Number of participents will complete this item). 6a Were all of the plan's asset b Are you etatrning a waiver under 29 CFR 2520.104-4 if you answered "No" to Part III Financial Info 7 Plan Assets and Liabilities a Total plan assets | tels during the plan year invosted in eliging of the annual examination and report 46? (Sno instructions on waiver oligibility orither 6a or 6b, the plan cannot use parmation I the 7b from line 7u) I transfers for this Plan Year receivable from. | gible assets? (5 of an independition in the second condition in the second con | ee instructions.) | 527 9527 | (b) E | Yes No |
| c Number of participants with complete this item). 6a Were all of the plan's asset b Are you etalming a waiver under 29 CFR 2520.104-tif you answered "No" to Part III Financial Info 7 Plan Assets and Liabilities a Total plan liabilities. b Total plan liabilities c Net plan assets (subtract 8 Income, Expenses, and if a Contributions tourived or (1) Employers | nats during the plan year invosted in eliginal from annual examination and report 467 (Sno instructions on waiver eligibility or eligibility of the first of the plan cannot use primation I like 75 from line 7u) Transfers for this Plan Year receivable from. | 78 76 8a(1) 8a(2) 8a(3) | ee instructions.) ant qualified public accountant inc.) and must instead use Form (a) Beginning of Year 1, 155, 1, 155, (a) Amount 60 | 527 0 927 | (b) E | Yes No nd of Year 1,142,73 1,142,73 b) Total |
| C Number of participents will complete this item). 6a Were all of the plan's asset b Are you elatrning a waiver under 29 CFR 2520.104-if you answered "No" to Part III Financial Info 7 Plan Assets and Liabilities a Total plan assets | nats during the plan year invosted in eliginal from annual examination and report 46? (See instructions on waiver eligibility or eligibility of the plan cannot use primation I like 75 from line 7u) I musters for this Plan Yoar receivable from. | gible assets? (\$ of an independing and conditions a Form \$500-\$ 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b | ee instructions.) | 527 0 927 | (b) E | Yes No nd of Year 1,142,73 1,142,73 b) Total |
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| c Number of participants will complete this item). 6a Were all of the plan's asset b Are you etalming a waiver under 29 CFR 2520.104-4 if you answared "No" to Part III Financial Info 7 Plan Assets and Liabilities a Total plan liabilities. b Total plan assets (subtract 8 Income, Expenses, and for a Contributions received or (1) Employers | refs during the plan year invested in eliginal from the annual examination and report 46? (Sno instructions on waiver eligibility or eligibility of the plan cannot use primation Selfine 7b from line 7u). (ransters for this Plan Year receivable from. (self), 8a(2), 8a(3), and 8b). direct religioners and insurance premium | gible assets? (\$ of an independition of an independition of a second sec | ee instructions.) ant qualified public accountant inc.) and must Instead use Form (a) Beginning of Year 1, 155, 1, 155, (a) Amount 60, | 527 0 927 | (b) E | Yes No nd of Year 1,142,73 1,142,73 b) Yotal |
| C Number of participants with complete this item). 6a Were all of the plan's asset b Are you etalming a waiver under 29 CFR 2520.104-4 if you answered "No" to Part III Financial Info 7 Plan Assets and Liabilities a Total plan liabilities. 5 Net plan assets (subtract 8 Income, Expenses, and if a Contributions tourived or (1) Employers | refs during the plan year invosted in eliquation and report of the annual examination and report of the annual examination and report of the plan cannot use of the plan cannot use of the Plan cannot use of the Plan formation. If rensters for this Plan Year receivable from. Gu(1), Ba(2), Ba(3), and Sb) direct relieves and insurance premium corrective distributions (see instruction). | gible assets? (\$ of an independity and conditions a Form \$500-\$ 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c ns 8d | ee instructions.) ant qualified public accountant inc.) and must Instead use Form (a) Beginning of Year 1, 155, 1, 155, (a) Amount 60, | 527 000 | (b) E | Yes No nd of Year 1,142,73 1,142,73 b) Yotal |
| C Number of participants with complete this item). 6a Were all of the plan's asset b Are you etalming a waiver under 29 CFR 2520.104-4 if you answered "No" to Part III Financial Info 7 Plan Assets and Liabilities a Total plan liabilities. 5 Net plan assets (subtract 8 Income, Expenses, and if a Contributions tourived or (1) Employers | refs during the plan year invested in eliginal from the annual examination and report 46? (Sno instructions on waiver eligibility or eligibility of the plan cannot use primation Selfine 7b from line 7u). (ransters for this Plan Year receivable from. (self), 8a(2), 8a(3), and 8b). direct religioners and insurance premium | gible assets? (\$ of an independition of an independition of a second sec | ee instructions.) ant qualified public accountant inc.) and must Instead use Form (a) Beginning of Year 1, 155, 1, 155, (a) Amount 60, | 527 000 | (b) E | Yes No nd of Year 1,142,73 1,142,73 b) Total |
| c Number of participants will complete this item). 6a Were all of the plan's asset b Are you claiming a waiver under 29 CFR 2520, 104-4 if you answered "No" to Part III Financial Info 7 Plan Assets and Liabilities a Total plan labilities. 6 Net plan assets (subtract b Income, Expenses, and f a Contributions received or (1) Employers (2) Participants (2) Participants (3) Others (including roll b Other Income (add tines of Benefits paid (including to provide bonefits). | rats during the plan year invosted in elic r of the annual examination and report 46? (Sno instructions on waiver eligibility) or other 6a or 6b, the plan cannot use permation 8 The 7b from line 7u) Transfers for this Plan Year receivable from. (Sa(1), 8a(2), 8a(3), and 8b) direct relievers and insurance premium corrective distributions (see instruction, providers (sataries, tees, commissions) | gible assets? (\$ of an independition of an independition of a second sec | ee instructions.) ant qualified public accountant inc.) and must Instead use Form (a) Beginning of Year 1, 155, 1, 155, (a) Amount 60, | 527 000 | (b) E | Yes No No No No 1,142,73 1,142,73 b) Potsi |
| C Number of participants with complete this item). 6a Were all of the plan's asset b Are you claiming a waiver under 29 CFR 2520, 104-4 if you answered "No" to Part III Financial Info 7 Plan Assets and Liabilities a Total plan labilities. 6 Net plan assets (subtract b Total plan labilities. 6 Net plan assets (subtract labilities. 7 Plan Assets and Liabilities. 8 Income, Expenses, and f a Contributions tourised or (1) Employers. 9 Participants. 10 Others (including roll b Other income (add tines of Benefits paid (including to provide bonefits). 11 Catal indeemed and/or of Administrative service page of the expenses. | ints during the plan year invosted in elic rof the annual examination and report 46? (She instructions on waiver eligibility or other 6a or 6b, the plan cannot use permation it was the plan cannot use permation francters for this Plan Year receivable from. Inversity (1), 8a(2), 8a(3), and 8b) circot rollovers and insurance premium corrective distributions (see instruction moviders (salaries, tees, commissions) as 8d, 8e, 8t, and 8g). | gible assets? (\$ of an independition of an independition of a second sec | ee instructions.) ant qualified public accountant inc.) and must Instead use Form (a) Beginning of Year 1, 155, 1, 155, (a) Amount 60, | 527 000 | (b) E | Yes No nd of Year 1,142,73 1,142,73 b) Total |
| c Number of participants with complete this item). 6a Were all of the plan's asset b Are you claiming a waiver under 29 CFR 2520, 104-4 if you answered "No" to Part III Financial Info 7 Plan Assets and Liabilities a Total plan liabilities. 6 Net plan assets (subtract b Total plan liabilities. 7 Net plan assets (subtract b Income, Expenses, and if a Contributions received or (1) Employers. (2) Participants. (3) Others (including roll b Other income (add tines of Benefits paid (including to provide bonefits). 6 Centain deemed and/or of Administrative service page of the expenses. | rats during the plan year invosted in elic r of the annual examination and report 46? (Sno instructions on waiver eligibility) or other 6a or 6b, the plan cannot use permation 8 The 7b from line 7u) Transfers for this Plan Year receivable from. (Sa(1), 8a(2), 8a(3), and 8b) direct relievers and insurance premium corrective distributions (see instruction, providers (sataries, tees, commissions) | gible assets? (\$ of an independition of an independition of a second sec | ee instructions.) ant qualified public accountant inc.) and must Instead use Form (a) Beginning of Year 1, 155, 1, 155, (a) Amount 60, | 527 000 | (b) E | Yes No |

Page:5/7

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| | Form 5500-8F 2011 | Page 2 - | | | _ | | | |
|---------------|--|--|----------------------------|--------------|-------------|----------|------------------------------|---------------------------------------|
| Part | V Flan Characteristics | · · · · · · · · · · · · · · · · · · · | | | | | | · · · · · · · · · · · · · · · · · · · |
| 9a 1 | the plan provides pension benefits, order the applicable pension feature. | e codes from the Li | st of Plan Charac | noris | lic Cor | ies in | (ho instruction | 18' |
| | 1A 3D | | | | | | | |
| b 10 | the plan provides welfare benefits, enter me applicable welfare feature | e codes from the Lis | of Plan Characte | OTISTI | e Cod | js in U | te instructions | C' |
| Part ' | / Compliance Questions | | | _ | | | '' | |
| | During the plan year | | | _ | Yes | No | A | nount |
| | Was there a faiture to transmit to the plan any participant contributions | within the time perio | d described in | | | | | |
| _ | 29 CFR 2510 3-102? (See Instructions and DOL's Voluntary Figureiary | • | , | 10a | | Х | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Di- on tine 10a) | | | 101 | | x | | |
| G | Was the plan covered by a tidetity bond? | | | 10e | | X | | |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty? | | | 18d | | x | | |
| e | Were any fees or commissions paid to any brokers, agents, or other prinsurance service or other organization that provides some or all of the instructions.) | ersona by an insura: benefits yeder the | nce sarrier, plan? (See | 10e | | x | | |
| f | Has the plan failed to provide any bonefit when due under the plan? | | - 1 | | | × | | |
| | | | <u> </u> | 7 0 1 | - | × | | |
| g | Did the plan have any participant learns? (If "Yes," unfor amount as of this is an individual account plan, was there a blackout period? (See | | _ | 10g | | | · .—- | , |
| ħ | 2520.101-3.} | | | 10h | | × | | |
| | If 10h was answored "Yea." check the box if you other provided the re exceptions to providing the notice applied under 29 CFR 2520.101 3. | | | 101 | _ | х | | |
| Part | VI Pension Funding Compliance | | | | | | | |
| 11 | is this a defined benefit plan subject to minimum funding requirements | | | | | | | ⊠ Yes ∏ No |
| | is this a defined contribution plan subject to the minimum funding requ | | | | | | | Yes M No |
| 12 | | | 412 or ma coope | ar st | icuon | ,1(1× cm | ERISAT. | ☐ (3 |
| 9 | (if "Yos," complete 12a or 12b, 12c, 12d, and 1?e bolow, an applicable if a waiver of the minimum funding standard for a prior year is being as | '-) modized in this clan | vear, see institic | tions | . ಎಗರ ಕ | enter U | he date of the | e letter rutino |
| | granting the waiver. | | Mont | h | | Day | _ Y | oar |
| if y | ou completed line 12a, complete lines 3, 9, and 10 of Schedule Mi | 3 (Form 5500), ลกd | skip to line 13, | | | | <u> </u> | |
| b | Enter the minimum regulard contribution for this plan year | | | | ↓ | 12b | <u> </u> | |
| | Enter the amount contributed by the amployer to the plan for this plan | | | | ···· } | 12¢ | <u> </u> | · |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount) | | | | [| 12d | | |
| Ê | Will the minimum funding amount reported on line 12d he met by the | unding doadline? | | | | 4-10 | Yes | No N/A |
| Part | VII Plan Terminations and Transfers of Assets | | | | | | | |
| 13a | Has a resolution to forminate the plan been adopted in any plan year? | | | | | | Yes X No | |
| | if "Yes," enter the amount of any plan assets that revorted to the emp | oyer this year | | | 139 | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, tru | nsferred to another | plan, or brought t | ınde | r the c | ontrol | | ∏ Yes ⊠ N |
| c | of the PBGC? If during this plan year, any annots or liabilities were transforred from | this plan to another | plan(s), identify tr | to pla | an(\$) 1 | 0 | | Д Д |
| | which assets or liabilities were transferred, (See instructions.) 3c(1) Namu of plan(a): | | **** | I | 1: | 3c(2) f | IN(a) | 13c(3) FN(s |
| | very fame of market. | | | | | , | | T |
| | | | | | | | | |
| Caul | ion: A penalty for the late or incomplete filling of this return/report | will be aggessed t | danozaor a co ini | le_ca | เมรด I | esta. | blished. | |
| Unite SB q | or ponalities of prejury and other penalties set forth in me instructions. I It Schooling MB completed and signed by un enrolled actuary, as well a | deciaro (hāt l have e | examined this rate | urn/re | eport, | Includi | ng, it applicat | bia, a Schedulu nowledge and |
| belie | f, It is true, correct, and complete. | la la la | 413 Fr. 4.3 - | | | | | |
| SIG | | | Glen Welle | | | | | |
| HER | Signature of plan administrator | Date | Enter game of in | | urai e | gnina | ១៩ ២នៅ) ១ <u>៤៣)</u> | 1010132 |
| ŞIG | | 19/12/12 | <u>ercu Merre</u> | | | | | |
| HEF | E Signature of employor/plan sponsor | 6ate / | ្រីប្រហែ name of t | ndivi | duul a | gning | as criphovar | or plan sponsor |

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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). OMB No. 1210-0110

2011

This Form is Open to Public Inspection

| Pension Benefit Guaranty Corporation File as an at | tachment to Form 55 | 00 or 5500-SF. | | | • |
|--|--|--|-----------------------------------|-----------------|--------------------------------|
| For calendar plan year 2011 or fiscal plan year beginning | 01/01/2011 | | and ending 12/31/2011 | | 1/2011 |
| Round off amounts to nearest dollar. | | | | | |
| Caution: A penalty of \$1,000 will be assessed for late filing of this | report unless reasona | able cause is established | | | |
| A Name of plan | | B Three-digit | | | |
| | | plan numbe | er (PN) | <u> </u> | 001 |
| Weller Family Limited Partnership Defined | Renefit Plan | | | | |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-Si | | D Employer Id | entification I | Number (F | -IN) |
| Fiant sponsor's fiame as shown on line 2a or Form 3300 or 3300-5 | | Employer to | on thin oation i | vanisor (E | -1117 |
| Weller Family Limited Partnership | | 91-17058 | 51 | | -1 |
| E Type of plan: ☑ Single ☐ Multiple-A ☐ Multiple-B | F Prior year plan s | size: X 100 or fewer | 101-500 [| More th | nan 500 |
| Part I Basic Information | | | | | |
| 1 Enter the valuation date: Month 1 Day | 1 Year 2 | 011 | | | |
| 2 Assets: | | | | | |
| a Market value | | | 2a | | 1,146,931 |
| b Actuarial value | | | 2b | | 1,146,931 |
| 3 Funding target/participant count breakdown: | | (1) Number of participa | ints | (2) F | unding Target |
| a For retired participants and beneficiaries receiving payment | 3a | | 0 | | 0 |
| b For terminated vested participants | 3b | | 0 | | 0 |
| c For active participants: | | | | | |
| (1) Non-vested benefits | 3c(1) | | | | 0 |
| (2) Vested benefits | 3c(2) | | | | 1,100,248 |
| (3) Total active | 3c(3) | | 2 | | 1,100,248 |
| d Total | 3d | | 2 | | 1,100,248 |
| 4 If the plan is in at-risk status, check the box and complete lines (| a) and (b) | morrana | | | |
| a Funding target disregarding prescribed at-risk assumptions | | *************************************** | 4a | | |
| b Funding target reflecting at-risk assumptions, but disregardi | ng transition rule for p | lans that have been in | 4b | | |
| at-risk status for fewer than five consecutive years and disr | | | | | |
| 5 Effective interest rate | | | 5 | | 6.02 % |
| 6 Target normal cost | | | 6 | | 3,484 |
| Statement by Enrolled Actuary | | | | | |
| To the best of my knowledge, the information supplied in this schedule and accompanyli accordance with applicable law and regulations. In my opinion, each other assumption is combination, offer my best estimate of anticipated experience under the plan. | ng schedules, statements and s reasonable (taking into acco | d attachments, if any, is complete ount the experience of the plan at | and accurate. Ind reasonable e | xpectations) | and such other assumptions, in |
| SIGN C 2 | / | | | 11 | |
| HERE Lean Dette | | | 10/ | 10/17 | |
| Signature of actuary | | | / | Date | |
| Lawrence S. Butcher, E.A. | | | 1 | L1-058 | 43 |
| Type or print name of actuary | | | Most recer | nt enrollm | ent number |
| VERISIGHT, Inc. | | | (312 | 2) 488 | -6756 |
| Firm name | | Tel | ephone num | ıber (inclu | ding area code) |
| 135 S. Lasalle St. | | | | | |
| Suite 2225 | 60603 | | | | |
| Chicago II Address of the firm | 60603 | | | | |
| | | | | le constitution | |
| If the actuary has not fully reflected any regulation or ruling promulgate instructions | d under the statute in | completing this schedule | e, check the | pox and s | see U |

| Page | 2 | Γ |
|------|---|---|
| | | |

| Pa | rt II Begin | ning of year carryov | er and prefunding ba | lances | | | | | |
|-----|--------------------------------|---|---------------------------------|-----------------|----------------|--------------------------------|---|---------|-----------------------|
| | | ining or your ourryor | | | (a) Ca | arryover balance | (b) | Prefund | ng balance |
| 7 | ATTO TO STREET | 0 1 1 | licable adjustments (line 13 | | | 0 | | | (|
| 8 | | | funding requirement (line 35 | | | 0 | | | (|
| 9 | | | | | | 0 | | | (|
| 10 | Interest on line 9 | using prior year's actual re | eturn of | | | | | | |
| 11 | Prior year's exce | ess contributions to be adde | ed to prefunding balance: | | | | | | |
| | a Present value | e of excess contributions (li | ne 38 from prior year) | | | | | | 2,345 |
| | b Interest on (a otherwise pro | a) using prior year's effectivovided (see instructions) | e rate of6.60 % excep | ot as | | | | | 155 |
| | C Total available | e at beginning of current plan | year to add to prefunding bal | ance | | | | | 2,500 |
| | d Portion of (c) | to be added to prefunding | balance | | | | | | 2,500 |
| 12 | Other reductions | in balances due to election | ns or deemed elections | | | | | | |
| 13 | Balance at begin | nning of current year (line 9 | + line 10 + line 11d - line 12 | 2) | | C | | | 2,500 |
| Pi | art III Fun | ding percentages | | | | | | | |
| 14 | | | | | | | | 14 | 104.01 % |
| 15 | Adjusted funding | target attainment percenta | age | | | | *************************************** | 15 | 104.26 % |
| 16 | Prior year's fund | ing percentage for purpose | s of determining whether ca | rryover/prefu | nding baland | ces may be used to red | ıce | 16 | 74.40 % |
| 17 | | | is less than 70 percent of th | | | | | 17 | % |
| P: | art IV Con | tributions and liquid | lity shortfalls | | | | | | |
| | | | year by employer(s) and em | ployees: | | | | | |
| 141 | (a) Date (M-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) D (MM-DD | | (b) Amount paid by employer(s) | | | int paid by loyees |
| | 3/28/2012 | 60,000 | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | Totals • | 18(b) | 60,0 | 00 18(c) | | |
| 19 | Discounted emp | loyer contributions – see in | structions for small plan with | n a valuation o | date after th | e beginning of the year: | | | |
| | | | inimum required contributior | | | | | | |
| | | | adjusted to valuation date | | | | | | |
| | C Contributions | allocated toward minimum re | quired contribution for current | year adjusted | to valuation | date19c | | | 54,46 |
| 20 | | outions and liquidity shortfa | | , | | | | | |
| | a Did the plan h | nave a "funding shortfall" for | r the prior year? | | | | | | X Yes No |
| | | | nstallments for the current ye | | | | | | |
| | | | plete the following table as a | | | | | | |
| | | | Liquidity shortfall as of | | r of this plan | n year | | | |
| | | | | | | | | | |
| | (1) 1 | st | (2) 2nd | | | 3rd | | (4) 4 | th |

| Pa | rt V Assumption | ns used to determine fu | nding target and targ | jet normal cost | | |
|----|--|--|---|---|------------|----------------------------|
| 21 | Discount rate: | | | | | |
| | a Segment rates: | 1st segment: 3.78 % | 2nd segment: 6.31 % | 3rd segment: 6.57 % | | N/A, full yield curve used |
| | b Applicable month (| enter code) | | | 21b | 4 |
| 22 | Weighted average reti | rement age | | | 22 | 73 |
| 23 | Mortality table(s) (see | instructions) X Pres | cribed - combined | Prescribed - separate | Substitu | te |
| Pa | rt VI Miscellaneo | ous items | | | | |
| 24 | | ade in the non-prescribed actua | | | | |
| 25 | Has a method change | been made for the current plan | year? If "Yes," see instruc | tions regarding required attac | chment | Yes 🛛 No |
| 26 | Is the plan required to | provide a Schedule of Active P | articipants? If "Yes," see in | structions regarding required | attachment | Yes X No |
| 27 | | r (and is using) alternative fund | | | 27 | |
| Pa | rt VII Reconcilia | tion of unpaid minimun | n required contributi | ons for prior years | | |
| 28 | Unpaid minimum requi | ired contributions for all prior ye | ars | | 28 | 0 |
| 29 | 100 | contributions allocated toward u | | | 29 | 0 |
| 30 | Remaining amount of | unpaid minimum required contr | ibutions (line 28 minus line | 29) | 30 | 0 |
| Pa | rt VIII Minimum r | required contribution fo | r current year | | | |
| 31 | Target normal cost an | d excess assets (see instructio | ns): | | , , | |
| | a Target normal cost | (line 6) | | | 31a | 3,484 |
| | b Excess assets, if ap | pplicable, but not greater than 3 | 1a | | 31b | 3,484 |
| 32 | Amortization installme | nts: | | Outstanding Bala | ance | Installment |
| | a Net shortfall amortize | zation installment | | | | 0 |
| | | n installment | | | - 0 | 0 |
| 33 | If a waiver has been a (Month [| pproved for this plan year, ente Day Year | r the date of the ruling letter) and the waived amo | granting the approval | 33 | |
| 34 | Total funding requirem | nent before reflecting carryover | prefunding balances (lines | 31a - 31b + 32a + 32b - 33) | 34 | 0 |
| | | | Carryover balance | Prefunding bala | ince | Total balance |
| 35 | Balances elected for u | use to offset funding | | | | 0 |
| 36 | Additional cash require | ement (line 34 minus line 35) | | | 36 | 0 |
| 37 | Contributions allocated | d toward minimum required cor | tribution for current year ac | ljusted to valuation date | 37 | 54,464 |
| 38 | Present value of exce | ss contributions for current yea | r (see instructions) | | | |
| | a Total (excess, if an | y, of line 37 over line 36) | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 38a | 54,464 |
| | b Portion included in | line 38a attributable to use of p | refunding and funding stan | dard carryover balances | 38b | |
| 39 | 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | | | 39 | 0 | |
| 40 | | rired contributions for all years | | | 40 | 0 |
| Pa | rt IX Pension f | unding relief under Per | sion Relief Act of 20 | 10 (see instructions) | | |
| 41 | If a shortfall amortizati | ion base is being amortized pur | suant to an alternative amo | rtization schedule: | | |
| | a Schedule elected | | | | | 2 plus 7 years 15 years |
| _ | b Eligible plan year(s) |) for which the election in line 4 | 1a was made | | 20 | 08 2009 2010 2011 |
| 42 | | n adjustment | | | 42 | |
| | | celeration amount to be carried | | | . 43 | |

Weller Family Limited Partnership Defined Benefit Pension Plan Employer ID# 91-1705851: Plan No. 001

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: January 1, 2011

Rate

 $\overline{6.02\%}$

<u>Year</u>

2011

Adj Ctb

54,464.21

54,464.21

54,464.21

19c

| 19 | Discounted employer contributions see instructions for small plan with a valuation date after the beg | ginning of the year | |
|----|---|---------------------|------|
| a | Contributions allocated toward unpaid minimum required contribution from prior years | 19a | 0.00 |
| b | Contributions made to avoid benefit restrictions adjusted to valuation date | 19b | 0.00 |

Contributions allocated toward minimum required contribution for current year, adjusted to valuation date

Amount

60,000.00

60,000.00

Date

 $08 - \overline{28 - 2012}$

Totals:

Weller Family Limited Partnership Defined Benefit Pension Plan

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2011 to 12/31/2011 Valuation Date: 1/1/2011

| | For PPA Funding | For 417(e) | For Actuarial Equiv. |
|------------------------------------|---|--|---|
| Interest Rates | Segment 1 3.78% | Segment 1 2.16% | Pre-Retirement 7.00% |
| | Segment 2 6.31% | Segment 2 4.77% | Post-Retirement 5.00% |
| | Segment 3 6.57% | Segment 3 6.05% | |
| Pre-Retirement | | | |
| Turnover | None | None | None |
| Mortality | None | None | None |
| Assumed Ret Age | Normal retirement age 65 and 5 years of participation | Normal retirement age 65 and 5 years of participation | Normal retirement age 65 and 5 years of participation |
| Post-Retirement | | | |
| Mortality | Male-modified RP2000 combined healthy male projected 26 & 18 yrs Female-modified RP2000 combined healthy female projected 26 & 18 yrs | 2011 Applicable Mortality Table from Rev Rul 2006-67 | 83GAM UNISEX PER GATT |
| Assumed Benefit Form For Funding | | Normal Form | |
| Calculated Effective Interest Rate | | 6.02% | |

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Weller Family Limited Partnership Defined Benefit Pension Plan

Summary of Plan Provisions Plan Year: 1/1/2011 to 12/31/2011

Plan Effective Date January 1, 2003

Plan Year From January 1 to December 31

Eligibility All employees not excluded by class are eligible to enter on the

January 1 nearest the completion of the following requirements:

1 year of service Minimum age 21

Normal Retirement Age All participants are eligible to retire with their full retirement benefit

on the later of the following:

Attainment of age 65

Completion of 5 years of participation

Normal Retirement BenefitUpon normal retirement each participant will be entitled to a benefit

payable in the normal form equal to the following:

6 percent of compensation times credited years

Credited years are plan years commencing with the year of entry and

ending with the retirement year excluding the following:

Years with less than 1,000 hours

with a maximum of 10 years

Maximum benefit is \$16,250 per month Maximum percent of salary is 100%

Benefit is based on average salary during the final 3 consecutive

years of employment

Early Retirement Age Attainment of age 55

5 years of participation

Early Retirement Benefit Actuarial Equivalence

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit The normal retirement benefit described above calculated based on

salary and/or service on the calculation date, and payable on the

normal retirement date.

Weller Family Limited Partnership Defined Benefit Pension Plan

Summary of Plan Provisions Plan Year: 1/1/2011 to 12/31/2011

Termination Benefit

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

| Credited Years | Vested Percent |
|----------------|----------------|
| 1 | 0 |
| 2 | 0 |
| 3 | 0 |
| 4 | 0 |
| 5 | 100 |

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Each participant will be entitled to a minimum accrued benefit equal to the following:

2 percent of average compensation times credited years

Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:

Years with less than 1,000 hours excluding years plan not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

Top-Heavy Normal Form

A benefit payable for the life of the participant

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Attachment to 2011 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

| Plan Name Weller Family Limited Partnership Defined Benefit Plan | EIN: | 91-1705851 |
|--|--|--|
| Plan Sponsor's Name Weller Family Limited Partnership | PN: | 001 |
| The weighted average retirement age is equal to the normal retirement age of | | |
| List the rate of retirement at each age and describe the methodology used to compute to retirement age, including a description of the weight applied at each potential retirement. The Normal Retirement Age for the plan is the later of Age 65 and anniversary of Participation in the Plan. Participants who have retire Normal Retirement Age are assumed to retire at the Normal Retall other participants are assumed to retire at the next annivers. The following are the retirement ages used in this funding valuate weight that corresponds with the proportion of Present Value of Associated with each Retirement Age. 72 | tage. I the solution the sary do sary do saccrued | fifth t reached nt Age. ate. and a |
| To the nearest whole age, the weighted average retirement age is | 73. | |

Attachment to 2011 Form 5500 Schedule SB, line 23 - Information on Use of Substitute Mortality Tables

| Plan Sponsor's Name Weller Family Limited Partnership PN: 001 The substitute mortality tables were used for the following populations: The prescribed mortality tables were used for the following populations: 70 | Plan Name Weller Family Limited Partnership Defined Benefit Plan | | EIN: | 91-1705851 |
|--|--|---|------|------------|
| The prescribed mortality tables were used for the following populations: | Plan Sponsor's Name | Weller Family Limited Partnership | PN: | 001 |
| | • | | PN: | 001 |
| | | oles were used for the following populations: | | |
| IRS approval for the substitute mortality tables is through the plan year ending: | IRS approval for the substit | ute mortality tables is through the plan year ending: | | |