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).

0044

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	aance witi	n the instructions to the Form 550	JU-5F.					
	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/20	011				
Α .	This return/report is for:	a multiple-employer plan (not multiemployer)							
В	This return/report is: the first return/report	the final return/report							
	an amended return/report	a short pla	n year return/report (less than 12 n	nonths)					
C	Check box if filing under: X Form 5558	automatic	extension	Ī	DFVC program				
	special extension (enter descriptio			L					
De		,							
	IRT II Basic Plan Information—enter all requested information	ation		1h	Thurs divit				
	Name of plan LER FAMILY LIMITED PARTNERSHIP 401(K) PROFIT SHARING P	LAN			Three-digit plan number				
VV	LERT AWILT LIWITED FARTNEROTIII 401(R) FROTTI GITARINOT	LAIV			(PN) ▶ 002				
				1c	Effective date of plan				
					01/01/2004				
	Plan sponsor's name and address; include room or suite number (en	mployer, if	for a single-employer plan)		Employer Identification Number				
VVEL	LER FAMILY LIMITED PARTNERSHIP				(EIN) 91-1705851				
				2c	Sponsor's telephone number				
	E. 99TH STREET			0-1	252-535-4433				
TACC	DMA, WA 98445			2a	Business code (see instructions) 541990				
32	Plan administrator's name and address (if same as plan sponsor, er	otor "Same	,"\	3h	Administrator's EIN				
	ER FAMILY LIMITED PARTNERSHIP 2002 E. 99TH	STREET	;)	35 /	91-1705851				
	TACOMA, WA	4 98445		3c /	Administrator's telephone number 252-535-4433				
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	4b EIN				
	name, EIN, and the plan number from the last return/report.								
a	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 p complete this item)			5c					
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No				
b	Are you claiming a waiver of the annual examination and report of a								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		· ·		X Yes No				
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.					
Pa	rt III Financial Information								
-	Plan Assets and Liabilities		(a) Beginning of Year 220042		(b) End of Year 246415				
a	Total plan assets								
b	Total plan liabilities	7b	0		0 246415				
_ <u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	220042						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	7200						
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	19173						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	.0		26373				
d	Benefits paid (including direct rollovers and insurance premiums	- 60							
u	to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0				
i	Net income (loss) (subtract line 8h from line 8c)	8i			26373				
j	Transfers to (from) the plan (see instructions)	8j							

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Form	5500	-8-	ンロココ

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Part IV	Plan	Characte	aristics
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- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 2K
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	t V Compliance Questions								
0	During the plan year:			Yes	No		Amo	ount	
а		any participant contributions within the time period described in nd DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions v	vith any party-in-interest? (Do not include transactions reported	10b		X				
С	,		10c		X				
d		eimbursed by the plan's fidelity bond, that was caused by fraud	10d		X				
е	insurance service or other organization th	y brokers, agents, or other persons by an insurance carrier, at provides some or all of the benefits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit	when due under the plan?	10f		X				
g	Did the plan have any participant loans?	If "Yes," enter amount as of year end.)	10g		X				
h	•	nere a blackout period? (See instructions and 29 CFR	10h		X				
i		r if you either provided the required notice or one of the under 29 CFR 2520.101-3	10i						
art	t VI Pension Funding Complian								
11	Is this a defined benefit plan subject to mi	nimum funding requirements? (If "Yes," see instructions and com					П	Yes	X No
2		to the minimum funding requirements of section 412 of the Code						Yes	X No
_	(If "Yes," complete 12a or 12b, 12c, 12d, a		, o. oo		0		ш		ш
а	If a waiver of the minimum funding standa	rd for a prior year is being amortized in this plan year, see instruction							
lf y		8, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			-				
b	Enter the minimum required contribution f	or this plan year			12b				
С	Enter the amount contributed by the empl	oyer to the plan for this plan year		[12c				
	Subtract the amount in line 12c from the a	mount in line 12b. Enter the result (enter a minus sign to the left	of a		12d				
е	Will the minimum funding amount reported	d on line 12d be met by the funding deadline?				Yes	П	٧o	N/A
	t VII Plan Terminations and Tra								
		adopted in any plan year?			Пү	es X N	No.		
Ju		ets that reverted to the employer this year		3a	<u> </u>	00 [11]			
h		ticipants or beneficiaries, transferred to another plan, or brought			ntrol				
D	of the PBGC?	incipants of beneficialles, transferred to another plan, or brought	u					Yes	X No
С	If during this plan year, any assets or liabilities were transferred	lities were transferred from this plan to another plan(s), identify the l. (See instructions.)	he pla	n(s) to)				_
1	13c(1) Name of plan(s):			13	c(2) EII	N(s)	1	13c(3)	PN(s)
auti	tion: A penalty for the late or incomplete	filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.			
		et forth in the instructions, I declare that I have examined this return of this return of this return.			,	, , ,			

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

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	Form 5500-SF	Short Form Annual Re			OMB Nos. 1216-0110 1210-0489				
	Dopartment of the Treasury Intomal H498htte Service		enefit f	ាខាត ទេកទ 104 and 4065 of the Employoo		2011			
Eng	Coperitoring of Labor. Syna Dennits Security Administration	Retirement Income Security Act of 1	974 (ERIS,			This Form Is	Open to Public		
Pet	sion Benefit Couranty Corporation	Complete all entries in accorda	ence with t	the instructions to the Form 5500	SF.	eni	pection		
Par		lentification Information	781700			10707 /000			
For ea	ulendar pien year 2011 or hec		1 <u>/01</u> /20			<u>12/31/201</u>			
A 71	his return/report is tor.	;		mployer plan (not multiemployer)	L	a one-particl;	ant plan		
BT	n's retuin/report is	= =	the final cot						
			nalq frods i	year return/report (loss then 12 mo	nthe)	_			
Co	Nuck box if filing stader:	∑ Form 5568	automatic s	aciension	ŀ	DFVQ progra	PT1		
,		special extension (enter doscription	,						
Par		mation—enter all requested informa	tion						
	Varie of plan				TD	Three-digit plan number			
	Teller Fundly Limi	•				(PN)_ >	002		
,	0 (k) Pro(it Shar	ing Plan			1c	Effective date o 01/01/200	fplan 4		
		ress; include room or suite number (er	npluyer, if f	or a single-employor plan)			fication Number		
7	Weller Family Limi	ted Partnership				(EIN) 91-1/0			
					2c	Sponsor's telep (252) 535	hone number		
:	7002 E. 99th Strae	t:			2d	Businose code	(soc instructions)		
	i'acoii(d Bloggadeirietetor's wyne noc	i address (il sume as pian sponsor, en	TAP "Sterner"	WA 98445	3h	541990 Administrator's	EIÑ		
	Same	and the same or hall about the	not barre	,					
					3C	Administrator's (252) 535	lelephone number - 4433		
4	If the name and/or EIN of the	plan sponsor has changed since the is	ast retern/N	eport filed for this plan, enter the	4 <u>b</u>	FIN			
_		ber from the last return/report.			4.	1351			
	Stransor's name	at the beginning of the plan your			4 <u>c</u>	PN			
		•			5a				
		at the end of the plan year goodnt balances se of the end of the p			5b				
		Code Capacities to or the due of the b			5c		<u>-</u>		
		during the plan year invested in eligible					X Yes No		
ь		the annual examination and report of a Son instructions on waiver eligibility (🕅 Yes 🗌 No		
	If you answered "No" to eit	her 5a or 6b, the plan gennet use Fe							
Pa	rt III Financial Inform	ation							
7	Flan Assets and Liabilities			(a) Beginning of Year		(b) Ent	t of Year		
a	Total plan assets		<u></u> γα	220,04	<u> </u>		246,415		
	Total plan liabilities				O				
<u> </u>		75 from line 70)	7c	220,04	- 2		246,415		
8	Income, Exponses, and Tran			(a) Amount	+	(b)	Totsi		
a	Contributions received or rac (4) Envolvers	olvable from:	Ba(1)	7,20	70				

	•	rs)							
b	• •			19,1	/3				
	•), 8a(2) 8u(3), and 8b)					26,373		
d	Benefits paid (including direc	t rollovers and insurance premiuma	1 1						
e		edve distributions (see instructions)							
f		iers (salarios, fees, commissions)							
9	Other expenses	,	Beg		1.				
h		i, 84, 51, and 8g)					(
j		nic 8h from line 8c)					26,373		
į	Transfers to (from) the plan ((sex instructions)	- 8j						
	The state of the s	DMH Control Numbers, one the Institutions for	C 8806-8	7			Form 9200-5F (2011)		

SIGN HERE

Signature of employer/plan sponsor

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OCT-12-2012 13:46 From:15099281636

	Form 5500 8F 201	1	Pege 2 -							
Part	IV Plan Chars	ecteristics		1.00						
	9a. If the pion provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:									
ь	2E 2C 2.7 2R b If the plan provides welfare benefits, enter the applicable wolfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Part	V Compliance	Questions				-				
10	Curing the plan year				Yes	No	Aiv	ount		
2	Was there a fallure to	transmit to the plan any participant contribute 7 (See Instructions and DQL's Voluntary Fiduc	lod described in 11	0a	х					
b		rempt transactions with any party-in-interest?			015	х				
c		d by a fidefity band?		 -	0e	Х				
þ	Did the plan have a te	ass, whether or not reimbursed by the plan & fi	delily bend, that was a	aused by fraud	0년	х				
е	insurance service or o	nmissions paid to any brokurs, agents, or othe other organization that provides some or till of	the benefits under the	plan? (Sca	0e	×		.,		
f		provide any benefit when due under the plan				×				
	•	·		<u>}</u>	Of	×				
g		y participant loans? (If "Yes," onter amount as account plan, was there a blackout period? (3		<u> </u>	Ç9	┼┼┤	,			
	2520 101-3.)			1	0h	×				
, i	expensions to providing	Yes," check life box if you cliher provided the ng the notice applied under 29 CFR 2520.101			0)	11		· · · · · · · · · · · · · · · · · · ·		
	VI Pension Fur	nding Compliance								
11		rit plan subject to minimum funding requireme						Yes X No		
12	is this a defined cont	ribution plan subject to the minimum funding	raquirements of section					Yes 📈 No		
а		2a or 12b, 17c, 12d, and 12c bolow, as applica imom funding slandard for a prior year is beto	g amenizod in this plat	n year, see instruction	unu, and	i entor th	e date of the	letter ryling		
	granting the waiver					_ Day	Y	ear		
		Za. complete lines 3, 9, and 10 of Schedulo				126				
р		equired contribution for this plan year				12c				
Ç		tributed by the employer to the plan for this p	-				·			
q		in line 12c from the amount in line 12b. Entur				12d	<u> </u>			
e		ding amount reported on line 12d be met by the					Үөв 🗍	No ∏ N/A		
Part	VII Plan Termi	inations and Transfers of Assets				·				
		mingle the plan been adopted in any plan year?				🔲 \	Yes X No			
		nount of any plan assets that reverted to the o					- 1			
b		ets distributed to participants or beneficiaries	, transferred to another	r plan, or brought ur	nder Uic	control	-	∏ Yes 🏿 No		
c										
								13c(3) PN(s)		
		e late or incomplete filing of this return/rep								
SFI	or penalties of perjury or Schedule MB compl of, it is true, parrest, an	and other penalties sat forth in the instruction ofod and signed by all eurolled actuary, as w id complete.	s, I doclare that I have all as the electronic ver	examined this return/re sion of this return/re	тугерог сропі, аг	t, includir nd to the	ig, if appliest bost of my kr	le, a Schedula jowłodge and		
DGRI	- A	0 00	A-1:=11-	Glen Woller						
SIC HE		an administrator	10/12/12	Enter name of Inc		signino a	ıs olan admin	strator		

Glan Weller

Entoprisme of individual aigning as emptoyed or plan sponsor