## 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).

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OMB Nos. 1210-0110

1210-0089

2011

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 X 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 SCHUBERT FLOORCOVERING COMPANY PENSION PLAN (PN) ▶ 001 1c Effective date of plan 12/31/1982 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number SCHUBERT FLOORCOVERING COMPANY 91-0865981 (EIN) 2c Sponsor's telephone number 206-762-2300 8305 SEVENTH AVENUE SOUTH SEATTLE, WA 98108 2d Business code (see instructions) 238300 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN SCHUBERT FLOORCOVERING COMPANY 8305 SEVENTH AVENUE SOUTH SEATTLE, WA 98108 3c Administrator's telephone number 206-762-2300 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..... 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 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) 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 22831 0 Total plan assets..... 7a n 0 7b Total plan liabilities..... 0 22831 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: 0 (1) Employers ..... 8a(1) 0 (2) Participants ..... 8a(2) 0 (3) Others (including rollovers)..... 8a(3) 0 **b** Other income (loss)..... 8b 0 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums 22831 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)....... 8f 0 Other expenses..... 8g 22831 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -22831 Net income (loss) (subtract line 8h from line 8c)..... 8i 0 Transfers to (from) the plan (see instructions) ......

Form	5500.	SF.	201

Page <b>2</b> -	1	
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Part IV	Plan	Characteristics

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

1A 1H 1I 3D

**b** 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	Durii	ng the plan year:	1	Yes	No		Ar	Amount	
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c	X					300000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h						
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance		•					
11	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of I	ERISA?	[	Yes	X No
	If a w	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru  ting the waiver	ıth						
_ `		r the minimum required contribution for this plan year			12b				
		r the amount contributed by the employer to the plan for this plan year			12c				
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)	of a		12d				
е	•	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	a resolution to terminate the plan been adopted in any plan year?			X	'es	No		
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year	1	3a					0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co	ontrol			X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	)			<u> </u>	
1		Name of plan(s):		13	c(2) Ell	N(s)		13c(3	<b>)</b> PN(s)
<b></b>	:an. 4	novelty for the lete or incomplete filing of this return/report will be accessed with a constant	la acc	·oo is	antak!	لدمادا			
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab alties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret					liooble	2 2 5 2 4	odulo
ıιαe	n hen	anies or perjury and other penanies serrorum in the instructions, i declare that i have examined this ret	uIII/IE	Juil, Il	เดเนนเป	у, п арр	icable	;, a ocn	i <del>c</del> uuie

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/22/2012	STEPHEN DELOREY
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

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefil 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 5058(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

2011

This Form is Open to Public Inspection

	rt 🔝 Annual Report Identification Infor	nation		3 - 3/		04/17/2012				
For c	alendar plan year 2011 or fiscal plan year beginning	1	2/31/20		Г	~				
Ат	his return/report is for:	in U	a multiple-	employer plan (not multiemployer)	a one-participant plan					
Вт	his return/report is:		the final re	· ·						
	an amended return/r	eport X	a short plar	n year return/report (less than 12 mc	nths)	<del></del> 1				
<b>C</b> c	theck box if filing under: Form 5558		automatic :	extension	L	DFVC program				
	special extension (er	ter description	วก)				····			
Pa	Basic Plan Information—enter all requ	ested inform	ation							
	Name of plan					Three-digit plan number				
9	Schubert Floorcovering Company P	ension P	lan			(PN) E 001				
					1c	Effective date of plan 12/31/1982				
·	Plan sponsor's name and address; include room or su	la number (	employer if	ior a single-employer plan)		Employer Identification Numb	oer			
	Plan sponsors name and address; include from or su Schubert Floorcovering Company	ile unimei /z	Subjoact u	The state of the s		(EIN) 91-0865981				
`	Jenusere rroom oo vor and o one and					Sponsor's telephone number (206) 762-2300	r			
;	8305 Seventh Avenue South				2d	Business code (see instruction	ons)			
		74441144 1444		WA 98108		238300				
	Seattle Plan administrator's name and address (if same as pli	n sponsor, ?	enter "Same"		3b	Administrator's EIN				
	Same					A Desirable of the shape the	mhar			
		et total meters			30	Administrator's telephone nu	HINGE			
	if the name and/or EIN of the plan sponsor has chang	ed since the	last return/r	eport filed for this plan, enter the	4b	EIN				
4	name, EIN, and the plan number from the last return/	report.								
а	Sponsor's name	on the contract of the contrac			4c PN					
		plan year				5a				
b	Total number of participants at the end of the plan ye	år		***************************************	5b		0			
	Number of participants with account balances as of the complete this item)				5c	X Yes	Пы			
6a	Were all of the plan's assets during the plan year inv	ested in eligi	ble assets?	(See instructions.)		Yes	∐ No			
b	Are you claiming a waiver of the annual examination under 29 CFR 2520.104-46? (See instructions on wa	band report of	fan indepen	dent qualified bublic accountant (///	MA)	П.,	No			
	If you answered "No" to either 6a or 6b, the plan	cannot use	Form 5500-	SF and must instead use Form 55	00.					
Pa	if III Financial Information									
7	Plan Assets and Liabilities		A Committee of the							
	FIRST ASSETS AND CIADINITIES	ł		(a) Beginning of Year	Ţ	(b) End of Year				
а		,		(a) Beginning of Year 22,83	1	(b) End of Year				
a b	Total plan assets		7a	22,83	0	(b) End of Year	0			
b	Total plan assets		7a 7b 7c	22,83	0	(b) End of Year	0			
ь	Total plan assets		7a	22,83	0	(b) End of Year (b) Total	0			
b 	Total plan assets		7a 7b 7c	22,83	0		0			
b 8	Total plan assets		7a 7b 7c 8a(1)	22,83	0		0 0 0			
b 	Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)		7a 7b 7c 8a(1) 8a(2)	22,83	0		0			
b 8	Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)		7a 7b 7c 8a(1) 8a(2) 8a(3)	22,83	0		0			
8 a	Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss)		7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	22,83	0		0			
8 a b	Total plan assets  Total plan liabilities.  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers		7a 7b 7c 8a(1) 8a(2) 8a(3)	22,83 22,83 (a) Amount	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0			
8 a	Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance to provide benefits)	e premiums	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	22,83	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0			
8 a b	Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance to provide benefits)  Certain deemed and/or corrective distributions (see	e premiums	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	22,83 22,83 (a) Amount	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0			
b c 8 a b c d	Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance to provide benefits)	e premiums	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8d	22,83 22,83 (a) Amount	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0			
b c 8 a b c d e	Total plan assets  Total plan liabilities.  Net plan assets (subtract line 7b from line 7a)	e premiums nstructions)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	22,83 22,83 (a) Amount	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) Total	0			
b c 8 a b c d e f	Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers  (2) Participants (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance to provide benefits)  Certain deemed and/or corrective distributions (see Administrative service providers (salaries, fees, com Other expenses  Total expenses (add lines 8d, 8e, 8f, and 8g)	e premiums nstructions) missions)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	22,83 22,83 (a) Amount	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) Total	000000000000000000000000000000000000000			
b c b c d e f g	Total plan assets  Total plan liabilities	e premiums nstructions) missions)	7a 7b 7c 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i	22,83 22,83 (a) Amount	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) Total	0			
b c 8 a b c d e f 9 h i j	Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers  (2) Participants (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance to provide benefits)  Certain deemed and/or corrective distributions (see Administrative service providers (salaries, fees, com Other expenses  Total expenses (add lines 8d, 8e, 8f, and 8g)	e premiums nstructions) missions)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i 8i 8j	22,83 22,83 (a) Amount	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) Total	0 0 0 2,831 ,831)			

	Form 5500-SF 2011		Page 2 - [									
	NY Disa Characteristics											~~
Par	TIV Plan Characteristics If the plan provides pension benefits, enter the applica	able pension featu	re codes from the l	ist of Plan Chara	cteris	tic Co	des in	the instru	ctions	;		***
	1A 1H 1I 3D	1										
þ	If the plan provides welfare benefits, enter the applicat	ble welfare featur	e codes from the Li	st of Plan Charac	cteristi	ic Cod	es in th	ne instruc	lions:		·····	
Part	V Compliance Questions							·····				
10	During the plan year:				,	Yes	No		Am	ount		
	Was there a failure to transmit to the pian any particip 29 CFR 2510.3-1027 (See instructions and DOL's Vi	/bluntary Fiduciary	Correction Progra	m)	10a		х				***************************************	****
b	Were there any nonexempt transactions with any parton line 10a.)	rly-in-interest? (Do	o not include transa	ctions reported	10b		Х		·		<del></del>	***
c	Was the plan covered by a fidelity bond?	***************************************			10c	X				3.0	00,00	0
d		by the plan's fideli	ity bond, that was c	aused by fraud	10d		X				*******************	
, e	Were any fees or commissions paid to any brokers, a insurance service or other organization that provides	some or all of the	benefits under the	plan? (See	10e		Х				Andrew II the State of the Stat	new Fed
	instructions.)	Inder the plan?	حد من من المنظمة المنظ	THE CANADA SAN SERVICE	-10f-		x					
1_		Į.			<b></b>		х					
g					10g	<del> </del>	<u> </u>	SGREEK	1411			排
n	If this is an individual account plan, was there a black 2520,101-3.)			**********	10h							
	If 10h was answered "Yes," check the box if you either exceptions to providing the notice applied under 29 C	OFR 2520.101-3	dated trouce or our		10i		<u> </u>					
Part	VI Pension Funding Compliance	<u> </u>			-3-4-	C-4		. (Earm				
11	ls this a defined benefit plan subject to minimum fund 5500))	£			** 1 *** ** *	.,,,,,,,,,,	*******	(			oM ⊠ oM ⊠	$\overline{}$
12	Is this a defined contribution plan subject to the minit			412 of the Code	or se	ection	302 of	ERISA?.	L	) res	원 140	t
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e bell fa waiver of the minimum funding standard for a price	libw, as applicable	:.) nortized in this nigh	vear see instru	ctions	. and e	enter th	ne date of	the le	atter ru	iling	
	pranting the waiver			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	!!II		Day		Yea	<u></u>		
lf	you completed line 12a, complete lines 3, 9, and 10	of Schedule ME	3 (Form 5500), and	skip to line 13.				T				
b							125	<del> </del>				
c	Enter the amount contributed by the employer to the	plan for this plan	year			₩	12c	<u> </u>				
d	negative amount)		(***************************		********		12d	<u></u>	TT.	<u> </u>	T N/A	
e	Will the minimum funding amount reported on line 12	2d be met by the fi	unding deadline?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Yes	Ш	No	IWA	
	VII Plan Terminations and Transfers o											<b></b>
13a	Has a resolution to terminate the plan been adopted in a						X.	Yes	No			-1
	if "Yes," enter the amount of any plan assets that rev					13a						0
b	Were all the plan assets distributed to participants or of the PBGC?	, <b>[</b> , <b>,</b> , , , , , , , , , , , , , , , , ,		********************	******			•	5	Yes	☐ No	3
С	If during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See instructions)	fransferred from t inuctions.)	his plan to another	plan(s), identify t	he pla			*****	<del></del> T	10-/6	) PN(s)	_
	13c(1) Name of plan(s):					13	lc(2) E	nv(s)	$\dashv$	150(5	) rinis)	
		Anna Anna San Anna Anna Anna Anna Anna A										
Car	rtion: A penalty for the late or incomplete filing of th	his return/report	will be assessed t	ınless reasonat	ole ca	use is	estab	lished.				
Und SB	ler penaities of perjury and other penaities set forth in the or Schedule MB completed and signed by an enrolled a set, it is true, correct, and complete.	ila inclusatione La	ioclare that I have i	evamined this ret	urn/re	port. i	ncludin	ng, if appli	cable y kno	, a Sch wledge	nedule and	
	mer 88			Dorothy Sc	hub	ert						
SIC		1	Date / 2/02/12	Enter name of i			ning a	ıs plan ad	minis	irator		
	13,000			Dorothy Sc								
SIC			Date	Enter name of			oning a	s emplov	er or i	olan sr	onsor	
THE STATE OF	Signature of employer/plan sponsor	1	vaic	FILE SERVICE OF	.,,,,,,,,,		2					******

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