Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance with	n the instructions to the Form 550	0-SF.	
		dentification Information				
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010
Α	This return/report is for:	xingle-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
	This return/report is for:	first return/report	final retur	n/report		
_	This retain report is for.	an amended return/report	!	year return/report (less than 12 mo	nths)	
_	0] 1	, ,	111113)	X DEVC
C	Check box if filing under:	Form 5558	ı	extension		DFVC program
		special extension (enter description	on)			
Pa	art II Basic Plan Infori	mation—enter all requested inform	ation			
	Name of plan				1b	Three-digit
BEAI	N FINANCIAL ADVISORS, INC	. DEFINED BENEFIT PLAN				plan number 101
					4.0	(PN) •
					10	Effective date of plan 01/01/2005
22	Dian enoncor's name and addr	ress (employer, if for single-employer	· nlan)		2h	Employer Identification Number
	N FINANCIAL ADVISORS, INC	,	piai i)		20	(EIN) 91-1992513
					2c	Plan sponsor's telephone number
	0 NE 83RD ST MOND, WA 98052-3915					425-702-1973
KLD	WOND, WA 90032-3913				2d	Business code (see instructions)
- 2-	DI 1		. "0	m	26	523900
BEA	N FINANCIAL ADVISORS, INC	address (if same as Plan sponsor, e 16640 NE 83	enter "Same BRD ST	9")	30	Administrator's EIN 91-1992513
		REDMOND,	WA 98052	-3915	3c	Administrator's telephone number
						425-702-1973
		an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number	er from the last return/report. Sponso	or's name		4c	DNI
52	Total number of participants of	t the heginaing of the plan year				PN 4
		t the beginning of the plan year			5a	
b	·	t the end of the plan year			5b	4
С		rith account balances as of the end o			5c	
		Lordon the colon of the Colon o				X Yes No
	•	during the plan year invested in eligible he annual examination and report of		,		les No
D		See instructions on waiver eligibility				Yes ☐ No
		ner 6a or 6b, the plan cannot use F		•		
Pa	rt III Financial Inform	ation				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	227473	3	255778
b	Total plan liabilities			()	0
С		7b from line 7a)		227473	3	255778
8	Income, Expenses, and Trans			(a) Amount		(b) Total
а	Contributions received or rece			(a) Amount		(b) Total
-			. 8a(1))	
	(2) Participants		. 8a(2)		כ	
	(3) Others (including rollovers	s)	8a(3))	
b	Other income (loss)	·	8b	28339	9	
С	Total income (add lines 8a(1).	8a(2), 8a(3), and 8b)				28339
d		rollovers and insurance premiums				
			. 8d	(2	
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e	()	
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f	34	4	
g	Other expenses		8g)	
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				34
i	Net income (loss) (subtract line	e 8h from line 8c)				28305

|--|

Part IV	Plan	Charact	eristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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

b	If th	e plan provides welfare benefits, enter the applicable welfare featu	ure codes from the l	_ist of Plan Charad	teris	tic Cod	des in t	he instruct	ions:			
Part	٧	Compliance Questions										
10	Du	ring the plan year:				Yes	No		Amount			
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	•		10a	X				30509		
b		re there any nonexempt transactions with any party-in-interest? (D line 10a.)			10b		X					
С	W	as the plan covered by a fidelity bond?			10c		X					
d		the plan have a loss, whether or not reimbursed by the plan's fide			10d		X					
е	ins	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the tructions.)	e benefits under the	e plan? (See	10e		X					
f	На	s the plan failed to provide any benefit when due under the plan?			10f		X					
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X					
h		nis is an individual account plan, was there a blackout period? (See		9 CFR	10h							
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3												
Part '	VI	Pension Funding Compliance										
		nis a defined benefit plan subject to minimum funding requirements							X Yes	s No		
12	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?											
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)											
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver											
	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB			·		Day _		rear			
		er the minimum required contribution for this plan year	•	-			12b					
		er the amount contributed by the employer to the plan for this plan					12c					
d	Sul	otract the amount in line 12c from the amount in line 12b. Enter the lative amount)	result (enter a minu	us sign to the left o	of a		12d					
		the minimum funding amount reported on line 12d be met by the f				-	Î	Yes	No	N/A		
Part '		Plan Terminations and Transfers of Assets	•				_					
13a	Has	s a resolution to terminate the plan been adopted during the plan ye	ear or any prior vea	r?					☐ Yes	No		
		es," enter the amount of any plan assets that reverted to the employer					13a		<u> </u>	<u> </u>		
-	We	re all the plan assets distributed to participants or beneficiaries, tra					ntrol		П уея	s X No		
С	If d	uring this plan year, any assets or liabilities were transferred from t ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	e pla	n(s) to	••••		□			
13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3)								3) PN(s)				
Cauti	On.	A penalty for the late or incomplete filing of this return/report	will be assessed i	ınless reasonable	e Cai	ıse is	establi	shed				
Under SB or	r pe Scl	nalties of perjury and other penalties set forth in the instructions, I consider the set of the completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have	examined this retu	rn/rep	ort, in	cluding	, if applica	,			
SICA	ı	filed with authorized/valid electronic signature.	12/14/2012	STEPHEN C. BEA	٨N							
SIGN												

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

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).

2010

OMB No. 1210-0110

This Form is Open to Public Inspection

b Actuarial value					File as	an attachme	ent to Form	5500 or 5500	-SF.			
Name of plan Care Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF D Employer Identification Number (EIN)	For	calenda	r plan year 2010	or fiscal pla	an year beginning 0	1/01/2010			and ending	12/31/20	10	
A Name of plan BEAN FINANCIAL ADVISORS, INC. DEFINED BENEFIT PLAN C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BEAN FINANCIAL ADVISORS, INC. E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation data: Month 01 Day 01 Year 2010 2 Assess: a Market value.						of this report	looo rooo.	anabla aguas i	a catablished			
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part Basic Information 1 Enter the valuation date: Month of Day 01 Year 2010 2 Assets: 2a 22747: b Actuarial value 2b 2c 2a 22747: b Actuarial value 2b 2c 2a 22747: b Actuarial value 2c 2b 2c				,000 will be	assessed for late filling of	or this report	uniess reas		s established.			
E Type of plan: Single Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2010 2 Assets: 2a 227473				RS, INC. DE	FINED BENEFIT PLAN			В	ŭ	(PN))	101
E Type of plan: Single Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2010 2 Assets: 2a 227473												
E Type of plan: Single Multiple-A Multiple-B F Prior year plan size: 100 or fewer 101-500 More than 500 Part I Basic Information 1 Enter the valuation date: Month 01 Day 01 Year 2010 2 Assetts: 2 2a 227473 3 Funding target/participant count breakdown (1) Number of participants (2) Funding Target De Port terminated vested participants and beneficiaries receiving payment 3a Funding target/participant count breakdown (1) Number of participants (2) Funding Target Or active participants: (2) Funding Target (3a D C For active participants: (3b D C For active participants: (1) Non-vested benefits. 3c(2) (2) Vested benefits. 3c(2) (3) 30833 (3) Total active 3c(2) Signature of active 3c(2) Signature 3c(2)	C P	an spor	nsor's name as s	hown on lin	ne 2a of Form 5500 or 55	00-SF		D	Employer Iden	tification N	Number ((EIN)
Part Basic Information 1 Enter the valuation date: Month o1 Day o1 Year 2010	BEAI	N FINAN	NCIAL ADVISOR	S, INC.				91	-1992513			
1 Enter the valuation date: Month 01 Day 01 Year 2010 2 Assets: a Market value	E Ty	pe of pla	an: X Single	Multiple	-A Multiple-B	F	Prior year pla	an size: X 10	O or fewer	101-500	More t	than 500
1 Enter the valuation date: Month 01 Day 01 Year 2010 2 Assets: a Market value	Pa	rt I	Basic Inform	nation						_		
a Market value					Month <u>01</u> [Day <u>01</u>	Year _2	2010				
b Actuarial value	2	Assets	:									
3 Funding target/participant count breakdown a For retired participants and beneficiaries receiving payment. 3 B O O O O O O O O O O O O O O O O O O		а ма	arket value							2a		227473
a For retired participants and beneficiaries receiving payment 3a 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		b Ac	tuarial value							2b		227473
b For terminated vested participants and defendances receiving payment. c For active participants: (1) Non-vested benefits. (2) Vested benefits. (3) Total active. 3c(2) 3oc(2) 3os(3) 4 3os(5) 4 Total. 3c(3) 4 3os(5) 4 If the plan is at-risk, check the box and complete items (a) and (b). a Funding target disregarding prescribed at-risk assumptions. b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding factor. 5 Effective interest rate. 5 6 6.69 % 6 Target normal cost. 5 1 6.69 % 6 Target normal cost. 5 5 6.69 % 6 Target normal cost. 5 5 6.69 % 6 Target normal cost. 5 1 6.69 % 6 Target normal cost. 5 5 6.69 % 6 Target normal cost. 5 To the best pain information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accorate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, ofter my best estimate of anticipated experience under the plan. Firm name Tupe or print name of actuary Most recent enrollment number 801-273-7005 Telephone number (including area code)	3	Fundin	g target/participa	ant count br	eakdown			(1) Numb	er of participant	s	(2)	Funding Target
C For active participants: (1) Non-vested benefits		a Fo	or retired participa	ants and be	eneficiaries receiving pay	/ment	. 3a			0		(
(1) Non-vested benefits		b Fo	or terminated ves	sted particip	oants		. 3b			0		C
(2) Vested benefits. 30(2) 30(3) 4 309538 (3) Total active 30(3) 4 309538 (d) Total		C Fo	or active participa	ants:								
(3) Total active		(1) Non-vested b	enefits			3c(1)					C
d Total active		(2) Vested benef	its			3c(2)					309538
4 If the plan is at-risk, check the box and complete items (a) and (b)		(3) Total active				3c(3)			4		309538
a Funding target disregarding prescribed at-risk assumptions. b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor. 5 Effective interest rate		d To	otal				. 3d			4		309538
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4	If the p	lan is at-risk, che	ck the box	and complete items (a) a	and (b)						
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		a Fu	ındina taraet disr	egarding p	rescribed at-risk assump	tions		_	Г	4a		
5 Effective interest rate		b Fu	inding target refle	ecting at-ris	k assumptions, but disre	garding trans	sition rule fo	r plans that ha	ive been	4b		
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SigN HERE Signature of actuary Date 11/08/2012 Type or print name of actuary Most recent enrollment number MELE CONSULTING, INC. Firm name Firm name Telephone number (including area code)	5				<u> </u>		•			5		6.69 %
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Date 11/08/2012 Type or print name of actuary Most recent enrollment number MELE CONSULTING, INC. Firm name Firm name Telephone number (including area code) Address of the firm		_										0
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN HERE Signature of actuary Date 11/08/2012 Type or print name of actuary Most recent enrollment number MELE CONSULTING, INC. Firm name Firm name Telephone number (including area code) Address of the firm												
HERE Signature of actuary PATRICK MELE Type or print name of actuary MELE CONSULTING, INC. Firm name Firm name Address of the firm 11/08/2012 Date 11-06204 Most recent enrollment number 801-273-7005 Telephone number (including area code)	T a	the best cordance	of my knowledge, the with applicable law an	information sup nd regulations.	In my opinion, each other assum							
Type or print name of actuary MELE CONSULTING, INC. Firm name Firm name Address of the firm Tope or print name of actuary Most recent enrollment number 801-273-7005 Telephone number (including area code)											11/08/2	2012
Type or print name of actuary MELE CONSULTING, INC. 801-273-7005 Firm name Firm name Address of the firm Most recent enrollment number 801-273-7005 Telephone number (including area code)			•	Si	gnature of actuary						Date	
MELE CONSULTING, INC. 801-273-7005 Firm name Firm name Telephone number (including area code) Address of the firm	PATR	ICK ME	LE						-		11-062	204
699 EAST SOUTH TEMPLE, SUITE 100 SALT LAKE CITY, UT 84102 Address of the firm	MELE	CONS	ULTING, INC.	Type o	or print name of actuary				M			
				SUITE 100					Telepl	hone num	ber (inclu	uding area code)
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see				,	Address of the firm							
instructions			has not fully refle	ected any re	egulation or ruling promu	ılgated under	the statute	in completing	this schedule, o	check the	box and	see

age	2-	1	
aye			

Schedule SB (Form 5500) 2010

Pa	rt II	Begin	ning of year	carryov	er and prefunding ba	lances						
			<u> </u>				(a) (Carryover balance		(b) F	Prefundir	ng balance
7		-	• , ,		cable adjustments (Item 13	·			0			0
8	,				quirement (Item 35 from pric				0			0
9			· · · · · ·			, ,			0			0
10	Interest	on item	9 using prior year	's actual re	eturn of%				0			0
11					d to prefunding balance:							
	a Exce	ss contr	ributions (Item 38	from prior	year)							0
	b Intere	est on (a	a) using prior year	's effective	e rate of6.32 %							0
					year to add to prefunding bala							0
	d Porti	on of (c)	to be added to p	refunding b	palance							0
12	Reduction	on in bal	ances due to elec	tions or de	emed elections				0			0
13	Balance	at begir	nning of current ye	ear (item 9	+ item 10 + item 11d - item	12)			0			0
P	art III	Fun	ding percenta	ages								
14	Funding										14	73.48 %
15					ge						15	73.48 %
16					s of determining whether car						16	59.84 %
17	· · · · · · · · · · · · · · · · · ·									%		
Pa	art IV	Con	tributions an	d liauidi	tv shortfalls			<u> </u>		·	1	
				•	rear by employer(s) and em	ployees:						
	(a) Date)	(b) Amount p	aid by	(c) Amount paid by	(a) [(b) Amount pa		(0		nt paid by
(N	M-DD-YY	YYY)	employer	(s)	employees	(MM-DD)-YYYY)	employer(s)		emplo	oyees
						Totals ▶	18(b)		0	18(c)		0
10	Diocount	tod omn	lovor contribution	a coo inc	trustians for small plan with			no hoginning of the	. voor:	10(0)		
13			-		tructions for small plan with himum required contribution				19a			0
	_				djusted to valuation date	. ,		-	19b			0
					uired contribution for current			l l	19c			0
20			outions and liquidit			year aujustet	to valuation	Tuate	130			
-0	-	_	•	-	s. the prior year?						X	Yes No
	_		_		stallments for the current year							Yes No
				-	lete the following table as a		annoly mai				······	100 140
	● 11 20d	13 163,	SEE HISH UCHOUS	and comp	Liquidity shortfall as of e	•	er of this pla	an year				
		(1) 1s	st		(2) 2nd		(3)	3rd			(4) 4th	
										·		

Pa	rt V Assumption	ns used to determine f	unding target and t	arget nor	mal cost					
21	Discount rate:									
	a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %		3rd segment: 6.76 %		N/A, full yield	d curve us	sed	
	b Applicable month	(enter code)				21b			0	
22	Weighted average ret	irement age				22			59	
23	Mortality table(s) (see	e instructions)	escribed - combined	Prescrib	ed - separate	Substitut	е			
Pa	rt VI Miscellaned	ous items								
24	Has a change been m	nade in the non-prescribed act	•	•	•		· · · –	d Yes 🛚	No	
25	Has a method change	been made for the current pla	an year? If "Yes," see inst	tructions rega	arding required attac	nment		Yes X	No	
		provide a Schedule of Active						Yes X	No	
27	If the plan is eligible fo	or (and is using) alternative fur	nding rules, enter applicab	ole code and	see instructions	27	<u>L</u>	<u> </u>		
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contrib	utions for	prior years	<u> </u>				
28	Unpaid minimum requ	uired contribution for all prior ye		28		1	16939			
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)									0	
30	Remaining amount of	unpaid minimum required cor	ntributions (item 28 minus i	item 29)		30		1	16939	
Pa	rt VIII Minimum	required contribution f	for current vear							
		djusted, if applicable (see instr				31			0	
	Amortization installme		,		Outstanding Bala	nce	Installr	ment		
		ization installment				69683		1	13570	
	_	n installment				0			0	
33	If a waiver has been a	approved for this plan year, en Day Year	ter the date of the ruling le	etter granting	the approval	33				
34		nent before reflecting carryove				34		1	13570	
			Carryover balance	е	Prefunding balar	nce	Total ba	lance		
35	Balances used to offse					0				
36	Additional cash requir	ement (item 34 minus item 35	i)			36		1	13570	
37	Contributions allocate	d toward minimum required co	ontribution for current year	r adjusted to	valuation date	37			0	
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38			0	
39						39		1	13570	
40	Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)									

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

2010

This Form is Open to Public Inspection

For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010		and ending	12	2/31/201	0
	Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reas	onable cat	use is established.			
Α	Name of plan		Вт	hree-di	git	
	Bean Financial Advisors, Inc. Defined Benefit Plan		р	lan nun	nber (PN) I	101
_						100
C	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ		D E	Employe	r Identificat	ion Number (EIN)
	Bean Financial Advisors, Inc.		9	1-199	2513	
E	Type of plan: X Single Multiple-A Multiple-B F Prior ye	ear plan si	ze: X 100 or few	er [101-500	More than 500
Par	t l Basic Information					
_1	Enter the valuation date; Month 01 Day 01	_ Year	2010		Yas 13.15	
2	Assets:					
	a Market value			Г	2a	227,473
	b Actuarial value				2b	227,473
3	Funding target/participant count breakdown		(1) Number of p			(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	17 (Variable) of p	0	11110	(z) i dilding raiget
	b For terminated vested participants	3b		0		0
	C For active participants:					
	(1) Non-vested benefits	3c(1)	-			0
	(2) Vested benefits	3c(2)				309,538
	(3) Total active,	3c(3)		4		309,538
	d Total	3d		4		309,538
4	If the plan is at-risk, check the box and complete lines a and b		<u>'</u>			309,338
	a Funding target disregarding prescribed at-risk assumptions			Г	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for	plans that	have been			
	at-risk for fewer than five consecutive years and disregarding loading factor			.	4b	
5	Effective interest rate				5	6.69
6	Target normal cost				6	0
Stat	ement by Enrolled Actuary			·		
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachr accordance with applicable law and regulations. In my opion, each other assumption is reasonable (taking into account the excombination, offer my best estimate of anticipated experience under the plan.	ments, if any, is xperience of the	complete and accurate. Eac plan and reasonable expec	ch presribed clations) and	l assumption was I such other assu	applied in mptions, in
100 March 1980	GN A TOTAL				1/08/20	12
	Signature of actuary			 	Date	
	Patrick Mele				11-0620	4
	Type or print name of actuary	Marine Survey or Commence	M	ost rece	ent enrollme	ent number
	Mele Consulting, Inc.				273-7005	
	Firm name					ng area code)
	699 East South Temple, Suite 100					· 2
US	Salt Lake City UT 84102					
	Address of the firm		***************************************			
	actuary has not fully reflected any regulation or ruling promulgated under the statute in	n completi	ng this schedule, o	check th	e box and	see
nstruc	ctions					

Part II Beg	inning of year carryov	er and prefunding balances				
				a) Carryover balance	(1) 5	
/ Balance at	beginning of prior year aft	er applicable adjustments (item 13 fro	m nrion	a) oan yover balance	(b) Prefun	ding balance
year)	<u> </u>		ı	0	1	
_ TOTTION GOOD	a to ouset bliot years time	Ind requirement (itom 25 feets	,	0		
_3 Amount rem	<u>naining (item 7 minus item</u>	8)	5417	0		
	torn o daining prior year's at	Cluaireturn of 29 04%		0		
11 Prior year's	excess contributions to be	added to prefunding balance		0		
a ⊨xcess c	ontributions (Item 38 from	prior year)				
	" (a) asing pilot years ell	ective rate of 6,32 o/				
c Total ava	ilable at beginning of curr	ent plan year to add to profunding the				(
G T OTGOTT O	Figure ad Or (C) In President to a	refunding belones				(
				0		
Granoo at b	cament year (r	tem 9 + item 10 + item 11d - item 12)		0		(
THE RESERVE OF THE PARTY OF THE	wing percentages			0		
14 Funding targ	et attainment percentage	centage				
15 Adjusted fund	ding target attainment per	centage	. , , , , , , , , , , , , , , , , , , ,	<u></u>	· · · · 14	
16 Prior year's fu	unding percentage for pur	poses of determining whether carryov	er/prefunding balance		15	73.48 %
					16	;
17 If the current	value of the assets of the	plan is less than 70 percent of the fun	ding target, optor au	<u>, , , , , , , , , , , , , , , , , , , </u>		59.84 %
				ich percentage	17	<u>' </u>
18 Contributions	made to the plan for the t	he plan year by employer(s) and emp	OVAAR'			
(a) Date	(b) Amount paid by	(c) Amount paid by				
(MM-DD-YYYY)	employer(s)	employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)		mount paid by
				omployer(s)	er	nployees
			I			
	· · · · · · · · · · · · · · · · · · ·					
19 Discounted em	ployer contributions sec	e instructions for small plan with a valu	Totals ▶ 18(b)		18(c)	
a Contribution	is allocated toward unnaid	I minimum required sout the disc	lation date after the	beginning of the year:		
b Contribution	is made to avoid restriction	I minimum required contribution from passed to valuation date	orior years	1!	9a	
C Contributions	allocated toward minimum re	ns adjusted to valuation date	· · · · · · · ·		9b	0
20 Quarterly contri	butions and liquidity short	equired contribution for current year adjust	ed to valuation date	19	Эс	0
a Did the plan	have a "funding shortfall"			· · · · · · · · · · · · · · · · · · ·		
b If 20a is "Yes	s " were required questonly	for the prior year?			X Yes	
c If 20a is "Vo	o, word required quarterly	installments for the current year mad	e in a timely manne	r?	Yes	
<u> </u>	e, see instructions and co	implete the following table as applicab	le:		1103	EX JINO
	1) 1st	Liquidity shortfall as of en	d of Quarter of this p	olan year		
	1) 181	(2) 2nd	(3) 3rd		(4) 4th	
					177 1911	

Part V Assumpt	tions used to determine	funding target and target nor	mal cost			
21 Discount rate:			mar cost			
a Segment rates:	1st segment	2nd segment	3rd segment			
	4.60 %	6.65 %	6.76 %		N/A, full yield curve used	
b Applicable month	(enter code)			21b	0	
22 Weighted average	e retirement age			22	59	
23 Mortality table(s) (see instructions)	Prescribed combined	Prescribed separate		Substitute	
Part VI Miscella						
24 Has a change bee attachment	n made in the non-prescribed	d actuarial assumptions for the cur	rent plan year? If "Yes," see	instru	uctions regarding required	
25 Has a method cha	inge been made for the curre	nt plan year? If "Yes," see instructi	one recording results of the		Yes X No	
26 Is the plan require	d to provide a Schedule of A	ctive Participants? If "Yes," see ins	tructions regarding required attac	ottool	t . Yes X No	
27 If the plan is eligible	le for (and is using) alternativ	e funding rules, enter applicable c	nde and see instructions	auaci	nment Yes X No	
regarding attachm	ent	· · · · · · · · · · · · · · · · · · ·	odo and see matructions	27		
Part VII Reconci	liation of unpaid minimu	m required contributions for	prior years			
28 Unpaid minimum r	equired contribution for all pri	lor years		28	16 020	
29 Discounted employ	yer contributions allocated to	ward unpaid minimum required cor	tributions from prior years		16,939	
(item 19a) .				29	0	
30 Remaining amount	t of unpaid minimum required	l contributions (item 28 minus item	29) ,	30	16,939	
Part VIII Minimun	n required contribution fo	or current year			20,303	
31 Target normal cost	, adjusted, if applicable (see	instructions)		31	0	
32 Amortization install	ments:		Outstanding Balance		Installment	
a Net shortfall amorti	zation installment		69,0	683	13,570	
				0	15,570	
33 If a waiver has bee	n approved for this plan year	, enter the date of the ruling letter	granting the approval	-	<u> </u>	
(Month	Yea	r) and the walved a	mount , ,	33		
34 Total funding requir	rement before reflecting carry	over/prefunding balances				
(item 31 + item 32a	ı + ltem 32b - item 33)			34	13,570	
		Carryover balance	Prefunding Balance		Total balance	
	ffset funding requirement				100000000000000000000000000000000000000	
36 Additional cash req	uirement (item 34 minus item	135)		36	13,570	
37 Contributions alloca	ated toward minimum required	d contribution for current year adju	sted to valuation date			
38 Interest-adjusted ex	cess contributions for curren	t year (see instructions)		37	0	
39 Unpaid minimum re	quired contribution for currer	nt year (see instructions)	vor itom 27)	38	0	
10 Unpaid minimum re	quired contribution for all ves	ars	ver itelf(3/)	40	13,570	
	continuation for all yea	10	• • • • • • • • • • • •	40	30,509	

Schedule SB, line 32 -Schedule of Amortization Bases

Bean Financial Advisors, Inc.

91-1992513 / 101

For the plan year 1/1/2010 through 12/31/2010

Branch Branch	Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
	01/01/2009	100,593	Shortfall	89,843	6	16,939
	01/01/2010	-20,160	Shortfall	-20,160	7	-3,369
Totals:				\$69,683	and the second s	\$13,570