For	Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0110 1210-0089 Department of the Treasury Benefit Plan 0010							
	rtment of the Treasury nal Revenue Service	nd 4065 of the Employe	e	2	012			
Employee B	epartment of Labor enefits Security Administration	Retirement Income Security Act		ctions 6057(b) and 6058		of This Form is Open to Public Inspection		
Pension Be	enefit Guaranty Corporation	Complete all entries in acco	rdance with the instru	ctions to the Form 550	0-SF.	1115	pection	
Part I		entification Information	40	and an diam. A	0/00/	0010		
	ar plan year 2012 or fisca			~	2/20/			
A This ref	turn/report is for:	a single-employer plan		lan (not multiemployer)		a one-particip	ant plan	
B This ref	turn/report is:	the first return/report	the final return/report					
	Ĺ	an amended return/report	a short plan year retur	n/report (less than 12 m	onths			
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	m	
		special extension (enter descript						
Part II		nation—enter all requested inform	nation					
1a Name	of plan CATERING DEFINED BE				1b	Three-digit plan number		
SNUFFIN S	CATERING DEFINED DE	INEFII PLAN				(PN)	002	
					1c	Effective date of	plan	
						01/01/	2006	
2a Plan s SHARON S	ponsor's name and addre SNUFFIN & CO., INC.	ess; include room or suite number	(employer, if for a single-	employer plan)	2b	Employer Identif (EIN) 91-150		
6745 KIMBA	ALL DR, STE A				2c	Sponsor's telepl 253-851		
	DR, WA 98335				2d	Business code (s 72230	,	
3a Plan a	dministrator's name and	address XSame as Plan Sponsor	Name Same as Plar	n Sponsor Address	3b	Administrator's E	EIN	
		—	—		_		elephone number	
		lan sponsor has changed since the er from the last return/report.	e last return/report filed fo	or this plan, enter the	4b	EIN		
	or's name				4c	PN		
		the beginning of the plan year			5a		6	
		the end of the plan year			5b		0	
	· ·	count balances as of the end of the		•	5c			
		uring the plan year invested in elig					X Yes No	
		e annual examination and report of						
under	29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditions.)				X Yes No	
lf you	answered "No" to eith	er line 6a or line 6b, the plan car	not use Form 5500-SF	and must instead use	Form	5500.		
		incomplete filing of this return/re						
SB or Sche		r penalties set forth in the instruction signed by an enrolled actuary, as we te.						
SIGN	Filed with authorized/va	lid electronic signature.	03/13/2013	SHARON SNUFFIN				
HERE	Signature of plan adn	ninistrator	Date	Enter name of individ	ual sig	gning as plan adm	ninistrator	
SIGN	Filed with authorized/va	lid electronic signature.	03/13/2013	SHARON SNUFFIN				
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	ual sig	gning as employe	r or plan sponsor	
Preparer's		ne, if applicable) and address; inclu	ide room or suite numbe				number (optional)	

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	7a	114735	7			0
b Total plan liabilities	7b		0			0
C Net plan assets (subtract line 7b from line 7a)	7c	114735	7			0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	0-(4)		0			
(1) Employers			0			
(2) Participants						
b Other income (loss)		7869	6			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		1000	0			78696
d Benefits paid (including direct rollovers and insurance premiums						78090
to provide benefits)	8d	122605	3			
e 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			_		1226053
i Net income (loss) (subtract line 8h from line 8c)				_		-1147357
J Transfers to (from) the plan (see instructions)	8j					
b If the plan provides welfare benefits, enter the applicable welfare	feature codes	from the List of Plan Chara	cteristic	c Code	es in the	e instructions:
10 During the plan year:				Yes	No	Amount
 Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic 	utions within tl luciary Correc	he time period described in tion Program)	10a		х	
b Were there any nonexempt transactions with any party-in-interes on line 10a.)	st? (Do not inc	lude transactions reported	10b		x	
C Was the plan covered by a fidelity bond?			10c		Х	
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	
e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	of the benefit	s under the plan? (See	10e		x	
f Has the plan failed to provide any benefit when due under the plan	an?		10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year end	l.)	10g		Х	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x	
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	•		10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)						
11a Enter the amount from Schedule SB line 39					11a	(
12 Is this a defined contribution plan subject to the minimum funding	g requirement	s of section 412 of the Code	or sec	ction 3	02 of E	RISA? Yes 🗙 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	v, as applicabl	e.)				
a If a waiver of the minimum funding standard for a prior year is be granting the waiver.		Mon		and e	nter the Day _	e date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Form	5500), and skip to line 13.			<u></u> т	
					12b	

С	Enter the amount contributed by the employer to the plan for this plan year	. 12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	. 12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?	he control		X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	(s) to		
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	t VIII Trust Information (optional)			•

14a Name of trust	14b Trust's EIN

	SCH	IEDULE SB	Single-Employe	er Define	d Ben	efit Plan	_	OMB	No. 1210-0110
	(F	orm 5500)		al Inform					2012
		rtment of the Treasury nal Revenue Service	This schodule is required to be	a filad undar ac	otion 101	of the Employee			2012
F		epartment of Labor enefits Security Administration	This schedule is required to be Retirement Income Security Ac	ct of 1974 (ERI	SA) and se		, -	This Forn	n is Open to Public
		enefit Guaranty Corporation		venue Code (th	,			I	nspection
For	calendar	plan year 2012 or fiscal p	File as an attach		5500 or 5	and ending	12/2	0/2012	
		ff amounts to nearest do		-			12/2	0/2012	
	Caution:	A penalty of \$1,000 will be	e assessed for late filing of this repo	ort unless reaso	onable cau	ise is established			
	lame of p					B Three-digit			002
SNU	JEEIN'S (CATERING DEFINED BEN	NEFII PLAN			plan numbe	er (PN)	•	002
CF	lan spon	sor's name as shown on li	ne 2a of Form 5500 or 5500-SF			D Employer Ide	entificat	ion Number (EIN)
		SNUFFIN & CO., INC.				91-1504946			, , , , , , , , , , , , , , , , , , ,
Εт	ype of pla	an: 🗙 Single 🗌 Multiple	e-A Multiple-B	Prior year pla	an size: 🗙	100 or fewer	101-50	00 More t	than 500
Ра	rt I	Basic Information							
1	Enter th	e valuation date:	Month <u>12</u> Day <u>20</u>	Year _2	2012				
2	Assets:					r			
	a Marke	et value					2a		1226053
	b Actua	rial value					2b		1226053
3	Funding	g target/participant count b	reakdown:		(1) Nu	mber of participa	nts	(2)	Funding Target
	_		eficiaries receiving payment				0		(
			nts	3b			0		(
		ctive participants:		0 (1)					
									(
	(2)						F		933325
	(3) d Totol						5 5		933325
4			ck the box and complete lines (a) an		<u> </u>		5		933320
4			,	. ,	L		4a		
			scribed at-risk assumptions			-	-		
			ive consecutive years and disregard				4b		
5	Effectiv	e interest rate					5		6.75 %
6	Target	normal cost					6		C
	•	y Enrolled Actuary	upplied in this schedule and accompanying sch			nte if envire complete		oto Foch proces	ited economics use explicit is
a	ccordance		. In my opinion, each other assumption is reaso						
	IGN ERE							02/05/2	0012
			Signature of actuary					Date	.015
ROB	FRTMI	HANESS	Signature of actually					11-049	245
			or print name of actuary				Most re	ecent enrollm	
HAN	ESS & A	SSOCIATES, LLC							35-9830
			Firm name			Tele	phone i		uding area code)
	BOX 83 KLIN, C								- *
			Address of the firm						
lf tha	actuon			der the statute	in complet	ting this schodule	choold	the box and	<u></u>
	ctions		regulation or ruling promulgated und		in complet		, check		SEE
		d Deduction Act Notice	and OMB Control Numbers, see t	he instruction	a far Farr		E.	Cabady	ulo SB (Earm 5500) 2011

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Pa	art II	Begir	nning of Year	Carryov	ver Prefunding Balan	ces								
								(a) C	Carryover balance	;	(b) l	Prefundi	ng balar	ce
7		0	0 1 2		cable adjustments (line 13 f	•				0				160496
8	,													
										0				58743
9	Amoun	t remaini	ng (line 7 minus lii	ne 8)						0				101753
10	Interes	t on line s	9 using prior year's	s actual ret	turn of <u>1.70</u> %					0				1730
11	Prior ye	ear's exc	ess contributions t	o be adde	d to prefunding balance:					_				
	a Pres	ent value	of excess contrib	utions (line	e 38a from prior year)					_				82862
					interest rate of%					-				0
 7 Balance at beginning of year) 8 Portion elected for use to prior year) 9 Amount remaining (line 7 10 Interest on line 9 using p 11 Prior year's excess contrational a Present value of excess b Interest on (a) using p as otherwise provide C Total available at beginse d Portion of (c) to be ad 12 Other reductions in balant 13 Balance at beginning of Part III Funding P 14 Funding target attainment 15 Adjusted funding target attainment 16 Prior year's funding reconcurrent year's funding reference 17 If the current value of the part IV Contributi 18 Contributions made to the (a) Date (b) 		at beginning of cur	rent plan y	ear to add to prefunding balar	nce								82862	
_	d Portion of (c) to be added to prefunding balance					0 58743 0 101753 0 1730 0 1730 0 1730 0 1730 0 0 0 0 0 0 0 0 0 0 0 103483 0 103483 0 103483 0 103483 0 103483 0 103483 0 115 115 131.36 % starget, enter such percentage								
12	Other r	eduction	s in balances due	to election	s or deemed elections					0				0
13	Balanc	e at begii	nning of current ye	ar (line 9 ·	+ line 10 + line 11d – line 12)				0			1	03483
P	art III	Fun	ding Percenta	ages										
14	Fundin	g target a	attainment percent	age								14	12().28 %
												15	13 ⁻	1.36 %
16											ce	16	94	4.37 %
17	If the c	urrent va	lue of the assets o	f the plan	is less than 70 percent of th	e funding ta	arget, e	nter s	uch percentage			17		%
P	art IV	Cor	tributions an	d Liauid	litv Shortfalls							_		
18	Contrib					oloyees:								
	(a) Dat	te	(b) Amount p	aid by	(c) Amount paid by	(a)		0			(у
(IV	/IM-DD-Y	YYY)	employer	(S)	employees	(MM-D	D-YYY'	Y)	employer	(S)		empl	oyees	
-						Totals I	1	8(h)			18(c)			
19	Diagour	ntod omn	lover contribution		tructions for small plan with			、 ,	a hadianing of th		10(0)			
13			-											0
	-						-							
														-
20						/ear adjuste	ed to val	uation	date	190				0
20		-	outions and liquidit	-	s: the prior year?								Yes	No
					y installments for the curren							<u></u>	J L 1 T	-
					-	•		mely f	nalinei (······ <u>^</u>	Yes	No
	Citine	e zua is "	res, see instructi	ons and co	omplete the following table a Liquidity shortfall as of e			is nlar	n vear					
		(1) 1:	st		(2) 2nd				3rd			(4) 4th	1	
			0			0				0				0

Pa	rt V	Assumptio	ons Used to Determine	e Funding Target and	Targe	t Normal Cost					
21	Disco	ount rate:									
	a Se	egment rates:	1st segment: 5.54%	2nd segment: 6.85%		3rd segment: 7.52 %		N/A, full yi	eld curve	used	
	b Ap	plicable month (enter code)				21b			0	
22	Weig	hted average ret	tirement age				22			65	
23		ality table(s) (se		Prescribed - combined		scribed - separate	Substitu	ite			
Pa	rt VI	Miscellane	ous Items			-					
				ctuarial assumptions for the	current	olan vear? If "Yes " see	instructions	s regarding requi	ed		
	attac	hment				-			Yes	X No	
25	Has a	a method change	e been made for the current	plan year? If "Yes," see instr	uctions	regarding required attac	hment		Yes	× No	
26	Is the	e plan required to	o provide a Schedule of Activ	e Participants? If "Yes," see	instruct	tions regarding required	attachment	t	X Yes	No	
27		• •	•	nter applicable code and see		0 0	27				
	rt VII		•	num Required Contrib		1					
28				r years			28			0	
29				rd unpaid minimum required			29			0	
30	Rema	aining amount of	f unpaid minimum required c		30			0			
Ра	rt VII	I Minimum	Required Contributio	n For Current Year							
31	Targ	et normal cost a	nd excess assets (see instru	ctions):							
	a Tar	get normal cost	(line 6)				31a			0	
	b Ex	cess assets, if a	pplicable, but not greater tha	n line 31a			31b			0	
32	Amoi	rtization installme	ents:			Outstanding Bala	nce	Insta	Iment		
	a Ne	t shortfall amorti	zation installment				0			0	
	b Wa	aiver amortizatio	n installment				0			0	
33	lf a w (Mon			enter the date of the ruling let) and the waived am	-		33			0	
34	Total	funding requirer	ment before reflecting carryo	ver/prefunding balances (line	s 31a -	31b + 32a + 32b - 33)	34			0	
			· · ·	Carryover balance		Prefunding balar	nce	Total b	alance		
35			use to offset funding		0		0			0	
36	Addit	ional cash requi	rement (line 34 minus line 35	j)			36			0	
37	Cont	ributions allocate	ed toward minimum required	contribution for current year	adjusted	d to valuation date	37			0	
38	· ·		ess contributions for current								
							38a			0	
				f prefunding and funding star			38b				
39				year (excess, if any, of line 3			39				
40				rs			40				
	rt IX			Pension Relief Act of							
41	lf an e		de to use PRA 2010 funding								
							Г	2 plus 7 years	15 v	rears	
				e 41a was made							
42							42				
				ied over to future plan years			42				
73	LYCES	so morannent ac	concration amount to be Call	ica over to ruture plan years.							

	Form 5500-SF	Short Form Annual	Return/Report of Benefit Plan	of Small Employ	'ee	OMB Nos. 1210-0110 1210-0089
	Internal Revenue Service	This form is required to be	filed under sections 104 a	and 4065 of the Employee	e	2012
	Department of Labor ployee Benefits Security Administration	Retirement Income Security A the Int	ct of 1974 (ERISA), and s ternal Revenue Code (the		(a) of	This Form is Open to Public Inspection
_	Pension Benefit Guaranty Corporation	Complete all entries in ac	cordance with the instru	ctions to the Form 5500	D-SF.	Inspection
_		entification Information				
_	calendar plan year 2012 or fisca		01/01/2012	and ending		/20/2012
	·	a single-employer plan	a multiple-employer p	lan (not multiemployer)	L	a one-participant plan
В	This return/report is:	the first return/report	x the final return/report			
		an amended return/report	🗙 a short plan year retu	rn/report (less than 12 m	onths)	
С	Check box if filing under:	Form 5558	automatic extension			DFVC program
		special extension (enter descri	ption)			
P	art II Basic Plan Inform	mation enter all requested i	nformation			· · · · · · · · · · · · · · · · · · ·
_	Name of plan				1b 1	hree-digit
	SNUFFIN'S CATERING D	EFINED BENEFTT PLAN				lan number PN) ► 002
					· · · · · · · · · · · · · · · · · · ·	PN) ► 002 Effective date of plan
						1/01/2006
2a		ess; include room or suite numbe	er (employer, if for a single	-employer plan)	2b E	mployer Identification Number
	SHARON S. SNUFFIN &	CO., INC.			(EIN) 91-1504946
	6745 KIMBALL DR. STE	2				ponsor's telephone number (253) 851-2900
		A			2d E	Business code (see instructions)
US		WA 98335			7	22300
3a	Plan administrator's name and	address X Same as Plan Spo	nsor Name 🔄 Same as	Plan Sponsor Address	3b ∕	dministrator's EIN
4	If the name and/or EIN of the p	plan sponsor has changed since t	he last return/report filed f	or this plan, enter the	3C A	dministrator's telephone number
	name, EIN, and the plan numb		no laot lotal infopolit liloa i	or this plan, enter the		
<u>a</u>	Sponsor's name				4 c F	N
-		the beginning of the plan year			5a	6
b		the end of the plan year			5b	0
С		count balances as of the end of the			5c	
6a		uring the plan year invested in elig				XYes No
b		e annual examination and report		************************************	·····	
		See instructions on waiver eligibili			·····	XYes No
	If you answered "No" to eithe	er line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use F	orm 55	00.
Ca	aution: A penalty for the late or	r incomplete filing of this return	/report will be assessed	unless reasonable cau	se is e	stablished.
SE	nder penalties of perjury and othe 3 or Schedule MB completed and lief, it is true, correct, and comple	er penalties set forth in the instruc I signed by an enrolled actuary, a ete.	tions, I declare that I have s well as the electronic ve	examined this return/rep rsion of this return/report	oort, inc , and to	uding, if applicable, a Schedule the best of my knowledge and
•	IGN Studion	Snuth	3-1-13	Shavon	5	uctin
1325	ERE Signature of plan admin	istrator	Date	Enter name of individua		
	Skalin	Suiti	3-1-13	Sharon		muttin
	IGN Skaller IERE Signature of employer/p		Date			g as employer or plan sponsor
2010		me, if applicable) and address; in				er's telephone number (optional)
Fo	or Paperwork Reduction Act No	otice and OMB Control Number	s, see the instructions fo	or Form 5500-SF.		Form 5500-SF (2012) v.120126

Part III Financial Information

Part III Financial Information						
7 Plan Assets and Liabilities	1.16.254	(a) Beginning of Year		()	b) End of `	Year
a Total plan assets	7a	1,147,35	7			0
b Total plan liabilities	7b		0			0
C Net plan assets (subtract line 7b from line 7a)	7c	1,147,35	7			0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Tota	al
a Contributions received or receivable from: (1) Employers	8a(1)		0			
	8a(2)					
(3) Others (including rollovers)	8a(3)		160	Contraction of the		
b Other income (loss)	8b	78,69	6	Contract of	110.20	No. State of the second
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					78,696
d Benefits paid (including direct rollovers and insurance premiums					122	
to provide benefits)	8d	1,226,05	3	1		
e Certain deemed and/or corrective distributions (see instructions)	8e			<u>1. 1. 105</u>		Real Providence
f Administrative service providers (salaries, fees, commissions)	8f					SERIE INC.
g Other expenses	8g				1.1.1	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1	L,226,053
i Net income (loss) (subtract line 8h from line 8c)	8i				(1	,147,357)
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics						
Part V Compliance Questions						
Part V Compliance Questions						
10 During the plan year:	and within the	he time period described in	Ye	s No	Aı	nount
			Yes 10a	s No X	Aı	nount
During the plan year:a Was there a failure to transmit to the plan any participant contribution	ary Correcti (Do not inc	ion Program)			Aı	nount
 During the plan year: a Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia b Were there any nonexempt transactions with any party-in-interest? 	ary Correcti (Do not inc	ion Program)	10a	x	Ai	nount
 During the plan year: Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-interest? on line 10a.) 	ary Correcti (Do not inc delity bond,	ion Program) lude transactions reported	10a 10b	x x	Aı	nount
 During the plan year: a Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fice 	ary Correcti (Do not inc delity bond, persons by the benefit	ion Program) ilude transactions reported , that was caused by fraud , an insurance carrier, s under the plan? (See	10a 10b 10c	x x x	A1	nount
 During the plan year: Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of 	ary Correcti (Do not inc delity bond, persons by the benefit	ion Program) ilude transactions reported , that was caused by fraud / an insurance carrier, s under the plan? (See	10a 10b 10c 10d	x x x x	A1	nount
 During the plan year: Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan? 	ary Correcti (Do not inc delity bond, persons by the benefit	ion Program) Jude transactions reported , that was caused by fraud / an insurance carrier, s under the plan? (See	10a 10b 10c 10d 10d 10e 10f	x x x x x x x	A1	nount
 During the plan year: Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-interest? (on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty? Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) 	ary Correcti (Do not inc delity bond, persons by the benefit ? of year enc see instructi	ion Program) ilude transactions reported , that was caused by fraud / an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d	x x x x x x	<u>A</u>	nount
 10 During the plan year: a Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia b Were there any nonexempt transactions with any party-in-interest? (on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty? e Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of h If this is an individual account plan, was there a blackout period? (See the plan instruction instruction in the provide any barticipant provide in the plan? 	ary Correcti (Do not inc delity bond, persons by the benefit ? of year enc see instructi	ion Program) dude transactions reported , that was caused by fraud , that was caused by fraud , an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10e 10f 10g	x x x x x x x x x x x x	A1	nount
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 10 During the plan year: a Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia b Were there any nonexempt transactions with any party-in-interest? (on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty? e Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) f Has the plan have any participant loans? (If "Yes," enter amount as one of the plan have any participant loans? (If "Yes," enter amount as one of the plan have any participant loans? (If "Yes," enter amount as one of the provide providing the notice applied under 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3. i Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) 	ary Correcti (Do not inc delity bond, persons by the benefit of year enc iee instructi e required n 3	ion Program) iude transactions reported , that was caused by fraud / an insurance carrier, s under the plan? (See 1.) ions and 29 CFR notice or one of the	10a 10b 10c 10d 10d 10f 10f 10g 10h 10i ete Sche	x x x x x x x x dule SB (F		X Yes 🗌 N
 10 During the plan year: a Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia b Were there any nonexempt transactions with any party-in-interest? (on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidor dishonesty? e Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of h If this is an individual account plan, was there a blackout period? (S 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3. Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) 	ary Correcti (Do not inc delity bond, persons by the benefit of year enc eee instructi required n 3 nts? (If "Ye	ion Program) iude transactions reported , that was caused by fraud / an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h 10i ete Sche	x x x x x x x x x dule SB (F		X Yes 🗆 N
 10 During the plan year: a Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia b Were there any nonexempt transactions with any party-in-interest? (on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty? e Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) f Has the plan have any participant loans? (If "Yes," enter amount as one of the plan have any participant loans? (If "Yes," enter amount as one of the plan have any participant loans? (If "Yes," enter amount as one of the provide providing the notice applied under 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3. i Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) 	ary Correcti (Do not inc delity bond, persons by the benefit of year enc eee instructi required n 3 nts? (If "Ye	ion Program) iude transactions reported , that was caused by fraud / an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10e 10f 10g 10h 10i ete Sche	x x x x x x x x x dule SB (F		X Yes 🗌 N
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 10 During the plan year: a Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia b Were there any nonexempt transactions with any party-in-interest? (on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidor dishonest? e Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as on the plan have any participant loans? (If "Yes," enter amount as one of the provide the provide the exceptions to providing the notice applied under 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3. i Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39 12 Is this a defined contribution plan subject to the minimum funding requirement for the function plan subject to the minimum funding requirement for the plan subject to the minimum funding requirement for the minimum funding requirement for	ary Correcti (Do not inc delity bond, persons by the benefit of year enc iee instructi e required n 3 	ion Program) iude transactions reported , that was caused by fraud / an insurance carrier, s under the plan? (See 	10a 10b 10c 10d 10d 10d 10f 10g 10h 10i	x x x x x x x x x dule SB (F	=	X Yes 🗋 N
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Form 5500-SF 2012

Page 3-

<u> </u>	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	N₀N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	X Y	es 🗌 No	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the co of the PBGC?	ntrol	[X Yes No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)		******	
1	3c(1) Name of plan(s): 13c	(2) EIN((s)	13c(3) PN(s)
-				
Part	VIII Trust Information (optional)			
14a I	Name of trust	14b T	rust's EIN	

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

SNUFFIN'S CATERING DEFINED BENEFIT PLAN

91-1504946 / 002

For the plan year 1/1/2012 through 12/20/2012

Valuation Date:	12/20/2012								
Funding Method:	As prescribed in IRC Section 430								
Age	- Eligibility age at las	t birthday an	d other ages	at nearest birthday	/				
	Lichaet O component								
Retrospective Compensation	 And the second se			Appuity					
r onn orr dynam									
Interest Rates	 Segment rates for permitted under IR 			Segment rates as permitted under IF					
	Segment #	Year	Rate %	Segment #	Year	Rate %			
	Segment 1	0 - 5	1.66	Segment 1	0 - 5	5.54			
	Segment 2	6 - 20	4.47	Segment 2	6 - 20	6.85			
	Segment 3	> 20	5.52	Segment 3	> 20	7.52			
Dro Dotiromont	Mortality Tabla	None)						
Fie-Relienent -	Mortality Table - Turnover/Disability								
	Salary Scale -	2%							
	Expense Load -	None							
	Ancillary Ben Load	- None							
Post-Retirement -	Mortality Table -	Mortality Table - 12C - 2012 Funding Target - Combined - IRC 430(h)(3)(A)							
	Cost of Living -	None	-	-					
Asset Valuation Method:	Fair market value of assets adjusted for contributions under IRC 430(g)(4)								
Discrimination Test Assumption	<u>ns:</u>								
HCE Determination -	Based on all emplo	yees							
Otherwise Excludable -	Otherwise Excluda	ble HCEs are	e included wit	h the Not Otherwis	se Excludable	employee			
410(b)/401(a)(4) Testing:									
Pre-Retirement -	Interest -	8.5%							
Post-Retirement -	Interest -	8.5%							
	Mortality Table -	U84 - 1984	Unisex						
Permissively Aggregated Plans -	Tested as a Single	Plan							
Compensation -	Use current compe	nsation to ca	Iculate the be	enefit accrual rate	(annual metho	od)			
Testing Age -	Normal retirement	age or attaine	ed age, if olde	er					
Normal Form for MVAR -	Joint with 50% Sur	vivor Benefits	6						

Schedule SB, Part V Summary of Plan Provisions

SNUFFIN'S CATERING DEFINED BENEFIT PLAN

91-1504946 / 002

For the plan year 1/1/2012 through 12/20/2012

Employer:	SNUFFIN'S CATERING					
Type of Entity -	S-Corporation					
	EIN: 91-1504946 TIN: Plan #: 002					
Dates:	Effective - 1/1/2006 Year end - 12/20/2012 Valuation - 12/20/2012					
	Top Heavy Years - 2006, 2007, 2008, 2009, 2010, 2011, 2012					
<u>Eligibility:</u>	All employees excluding non-resident aliens, members of an excluded class and union					
	Minimum age - 21 Months of service - 12					
Hours Required for -	Eligibility - 1000 Benefit accrual - 1000 Vesting - 1000					
Plan Entry -	First day of 1st or 7th month of plan year on or next following eligibility satisfaction					
Retirement: Normal -	First of month coincident with or next following attainment of age 65 and completion of the 5th anniversary of					
Early -	the 1st day of the initial plan year of participation Not provided					
Average Compensation:	Highest 3 consecutive years of participation					
Top Heavy Minimum Benefit -	Highest 5 consecutive top heavy years of participation					
Plan Benefits: Retirement -	Frozen accrued benefit as of 2/15/2012.					
Accrued Benefit -	Frozen accrued benefit as of 2/15/2012					
	Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum					
Death Benefit -	Present Value of Accrued Benefit					
<u>Top Heavy Minimum:</u>	Frozen Top-Heavy benefit					
IRS Limitations:	415 Limits - Percent: 100 Dollar: \$200,000					
	Maximum 401(a)(17) compensation - \$250,000					
<u>Normal Form:</u>	Life Annuity					
Optional Forms:	Lump Sum Joint with 50%, 75% or 100% Survivor Benefit					
Vesting Schedule:	Years Percent 0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%					

Service is calculated using all years of service except years prior to plan effective date

Schedule SB, Part V Summary of Plan Provisions

SNUFFIN'S CATERING DEFINED BENEFIT PLAN

91-1504946 / 002

For the plan year 1/1/2012 through 12/20/2012

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

<u>417(e):</u>

Interest Rates -	Segment #	Years	Rate %
	Segment 1	0 - 5	2.07
	Segment 2	6 - 20	4.45
	Segment 3	> 20	5.24

Mortality Table - 12E - 2012 Applicable Mortality Table for 417(e) (unisex)

Actuarial Equivalence:

Pre-Retirement -	Interest -	5.5%
	Mortality Table -	None
Post-Retirement -	Interest -	5.5%
	Mortality Table -	G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex)

Schedule SB, line 22 -Description of Weighted Average Retirement Age

SNUFFIN'S CATERING DEFINED BENEFIT PLAN

91-1504946 / 002 For the plan year 1/1/2012 through 12/20/2012

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 26 -Schedule of Active Participant Data

SNUFFIN'S CATERING DEFINED BENEFIT PLAN

91-1504946/002

For the plan year 1/1/201Gthrough 12/31/201G

Years of Credited Service

Attained Age	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29										
30 to 34										
35 to 39										
40 to 44		1								
45 to 49										
50 to 54										
55 to 59		1								
60 to 64			1							
65 to 69			1							
70 & up										

SCHEDULE SB	SCHEDULE SB Single-Employer Defined Benefit Plan							
(Form 5500)	Actuaria							
Department of the Treasury	Actualia	2012						
Internal Revenue Service	This schedule is required to be fil	ed under se	ection 104 of the Employee					
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).						
For calendar plan year 2012 or fiscal p	File as an attachme							
 Round off amounts to nearest do 		2012	and ending	12/20/2	2012			
	e assessed for late filing of this report u	infess reas	nable cause is established					
A Name of plan	subcessed for falle fining of this report t		B Three-digit	•				
SNUFFIN'S CATERING DEFINED	BENEFIT PLAN		plan numbe	er (PN)	• 002			
	• ⁻							
C Plan sponsor's name as shown on li								
			D Employer Ide		umber (EIN)			
SHARON S. SNUFFIN & CO., I	NC .		91	-1504946				
E Type of plan: X Single Multiple	e-A Multiple-B	Prior vear pl	an size: 🕱 100 or fewer	1101-500 [More than 500			
Part I Basic Information		· · · ·						
1 Enter the valuation date:	Month <u>12</u> Day <u>20</u>	Voor	2012					
2 Assets:	Day	Year						
			Г	2a	1,226,0			
b Actuarial value				2b	1,226,0			
3 Funding target/participant count b	reakdown		(1) Number of participar	nts	(2) Funding Target			
a For retired participants and ben	eficiaries receiving payment	3a		0	(my) and my ranget			
${f b}$ For terminated vested participal	nts	3b		0				
c For active participants:								
		3c(1)	Stand and a stand		er en la la company de la c			
(2) Vested benefits				3	933,3			
•			· ·····	5	933,3			
				5	933,3			
	ck the box and complete lines (a) and (
	scribed at-risk assumptions			4a				
b Funding target reflecting at-risk at-risk status for fewer than fi	assumptions, but disregarding transition ive consecutive years and disregarding	on rule for p Loading fai	lans that have been in	4b				
P				5	6.75			
6 Target normal cost				6				
Statement by Enrolled Actuary								
accordance with applicable law and regulations	pplied in this schedule and accompanying schedul In my opinion, each other assumption is reasonab	es, statements le (taking into a	and attachments, if any, is complete ccount the experience of the plan an	and accurate. Ea d reasonable ext	ach presribed assumption was applied pectations) and such other assumption			
combination, offer my best estimate of anticipat	ed experience under the plan.		· · · · · · · · · · · · · · · · · · ·	/	/			
SIGN HERE	MAanen			2/5	113			
V s	ignature of actuary				Date			
ROBERT M. HANESS	l			11-0	4945			
Type of HANESS & ASSOCIA	or print name of actuary ATES , LLC		ſ		enrollment number 135-9830			
	Firm name				er (including area code)			
P.O. BOX 836	1							
US ROCKLIN	CA 95677							
	Address of the firm							
If the actuary has not fully reflected any	regulation or ruling promulgated under	the statute	in completing this schedule	, check the b	box and see			
instructions								

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

SCHEDULE SB	Single-Emp	olover	Define	d Ber	nefit Plan	_	OME	3 No. 1210-0110	
(Form 5500)		tuarial						2042	
Department of the Treasury Internal Revenue Service								2012	
Department of Labor	This schedule is require								
Employee Benefits Security Administration	Internal Revenue Code (the Code).								
Pension Benefit Guaranty Corporation	File as an	attachmer	nt to Form	5500 or 5	5500-SF.			-	
For calendar plan year 2012 or fiscal p	lan year beginning	01/01/	2012		and ending	g 12/	20/2012		
Round off amounts to nearest do									
Caution: A penalty of \$1,000 will be	e assessed for late filing of t	his report u	inless reas	onable ca	_			1	
A Name of plan									
SNUFFIN'S CATERING DEFINED	BENEFIT PLAN				pian numb	er (PN)	•	002	
C Plan sponsor's name as shown on li	ne 2a of Form 5500 or 5500)-SF			D Employer Id	entificat	on Number	(EIN)	
SHARON S. SNUFFIN & CO., I	NC.				9:	L-1504	946		
				I					
E Type of plan: X Single Multiple	e-A Multiple-B	F P	rior year pl	an size: 🛽	100 or fewer	101-5	00 🔛 Mor	e than 500	
Part I Basic Information									
1 Enter the valuation date:	Month <u>12</u> Da	y <u>20</u>	Year	2012	_				
2 Assets:								1 000 050	
a Market value						<u>2a</u>		1,226,053	
b Actuarial value		•••••	•••••			2b		1,226,053	
3 Funding target/participant count b		. (20	(1) Nu	umber of participa		(2)	Funding Target	
 a For retired participants and ben b For terminated vested participa 			3a 3b			0		0	
	11.5	•••••	50			0		0	
C For active participants: (1) Non-vested benefits •]	3c(1)					0	
			• •					933,325	
(-)			- (-)			5		933,325	
	••••••		3d			5		933,325	
4 If the plan is in at-risk status, che	ck the box and complete line	es (a) and (b)					·	
a Funding target disregarding pre	scribed at-risk assumptions		•••••			4a			
b Funding target reflecting at-risk	assumptions, but disregardi	ing transitic	on rule for p	lans that	have been in	4b			
at-risk status for fewer than f	ive consecutive years and d	lisregarding	g loading fa	ctor	•••••				
	•••••				•••••	5		6.75 %	
6 Target normal cost	•••••	•••••	•••••	• • • • • • • • • • •	•••••	6		0	
Statement by Enrolled Actuary To the best of my knowledge, the information s	upplied in this schedule and accompa	anying schedule	es, statements	and attachm	ients, if any, is complet	e and accu	ırate. Each pres	ribed assumption was applied in	
accordance with applicable law and regulations combination, offer my best estimate of anticipat		on is reasonab	le (taking into a	account the e	experience of the plan a	and reasor	able expectation	ns) and such other assumptions, ir	
SIGN									
HERE									
	Signature of actuary						Date		
ROBERT M. HANES	S						11-04945		
Туре	or print name of actuary					Most re	ecent enrolln	nent number	
HANESS & ASSOCI	ATES, LLC					(91	.6) 435-9	9830	
	Firm name				Tel	ephone	number (inc	luding area code)	
P.O. BOX 836									
US ROCKLIN	CA 95677								
	Address of the firm								
If the actuary has not fully reflected any instructions	regulation or ruling promulg	ated under	the statute	in compl	eting this schedu	le, chec	k the box an	d see	
For Paperwork Reduction Act Notice	and OMB Control Number	s, see the	instruction	ns for Foi	rm 5500 or 5500	-SF.	Schedu	ule SB (Form 5500) 2012 v.120126	

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Pa	rt II	Beginning of Year	Carryov	ver Prefunding Balance	es						
						(a) (Carryover balance	•	(b)	Prefundi	ng balance
7				licable adjustments (line 13 fro							1.00 400
	,			• • • • • • • • • • • • • • • • • • • •				0			160,496
8	• • • • • • • • • • • • • • • • • • •										50 742
prior year)9 Amount remaining (line 7 minus line 8)								0			58,743
9								0			101,753
10				eturn of <u>1.70</u> %	•••••			0			1,730
11				ed to prefunding balance:							
	a Prese	ent value of excess contri	butions (lir	ne 38a from prior year)	• • • • • • • • • •						82,862
	b Interest	est on (a) using prior year	's effective	e interest rate of0.00% e	except as						0
				an voor to odd to profunding b				-			0 82,862
		• •		an year to add to prefunding b				-			
				balance							0
				ns or deemed elections				0			0
13	Balance	at beginning of current y	ear (line 9	+ line 10 + line 11d - line 12)	•••••			0			103,483
Pa	rt III	Funding Percent	ages								
14	Funding	target attainment percen	itage	• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •	••••••	•••••	14	120.28 %
15	Adjusted	d funding target attainmer	nt percenta	age			•••••		•••••	15	131.36 %
16				s of determining whether carry						16	
				••••••					•••••		94.37 %
17	If the cu	rrent value of the assets	of the plan	is less than 70 percent of the	funding ta	arget, enter	such percentage	••••	••••	17	%
Pa	rt IV	Contributions an	d Liquid	dity Shortfalls							
18	Contribu	itions made to the plan fo	r the plan	year by employer(s) and emp	loyees:						
(5.4	(a) Date			(c) Amount paid by) Date	(b) Amoun		/		ount paid by
(IVI	M-DD-YY	YY) employer(s)	employees	(IVIIVI-L	D-YYYY)	employ	er(s)		emp	loyees
					Totals	► 18(b)		₀ 18(c)	0	
19	Discoun	ted employer contributior	ns see in	structions for small plan with a	a valuatior	n date after	the beginning of t	he year:			
							<u>-</u> 1	19a			0
	a Contributions allocated toward unpaid minimum required contribution from prior years 19a b Contributions made to avoid restrictions adjusted to valuation date 19b									0	
								0			
20				•	nt year ac	justed to va		19c			0
20		y contributions and liquid	-								
		· -		the prior year?							Yes No
	b If line	20a is "Yes," were require	red quarter	rly installments for the current	year mad	e in a timel	y manner?	•••••••	• • • • • • • • • •	X	Yes No
	C If line	20a is "Yes," see instruc	tions and o	complete the following table as	s applicab	le:					
				Liquidity shortfall as of end	l of quarte					(4)	
		(1) 1st		(2) 2nd		(3)	3rd			(4) 41	'n
					1			1			

Part V Assumptions Used To Determine Funding Target and Target Normal Cost

21	Discou	unt rate:							
	a Seg	gment rates:	1st segment: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.52 %)	N/A, full yield curve used		
	b Ap	plicable month	(enter code)			21b	0		
22	Weigh	ited average re	tirement age			22	65		
23	Mortal	ity table(s) (se	e instructions)	Prescribed - combined	scribed - separate] Substitu	te		
Pa	rt VI	Miscellane	ous items						
24	Has a attach	change been r ment • • • • •	made in the non-prescribed	actuarial assumptions for the curren	•••••	• • • • •	Yes X No		
	 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment Yes x No Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment x Yes No 								
						attachmer	nt		
27		•	•	enter applicable code and see instru		27			
Pa	rt VII	Reconcili	ation of Unpaid Minir	num Required Contribution	s For Prior Years				
28	Unpai	d minimum req	uired contribution for all pric	r years		28	0		
29				ard unpaid minimum required contril		29	0		
30	Rema	ining amount o	f unpaid minimum required	contributions (line 28 minus line 29)		30	0		
Pa	rt VIII	Minimum	Required Contribution	on For Current Year					
31	Targe	t normal cost a	nd excess assets (see instru	uctions):					
				· · · · · · · · · · · · · · · · · · ·		31a	0		
	-			an line 31a		31b	0		
32		ization installm			Outstanding Bala	ance	Installment		
						0	0		
						0	0		
-	lf a wa	aiver has been	approved for this plan year,	enter the date of the ruling letter gra		33	0		
34	Total f			er/prefunding balances (lines 31a - 3		34	0		
				Carryover balance	Prefunding Bala	-	Total balance		
35			use to offset funding			0	0		
26						36	0		
		butions allocate	ed toward minimum required	5)	ed to valuation date	37	0		
20	`	,		· · · · · · · · · · · · · · · · · · ·	•••••				
			ess contributions for current			38a			
	_			· · · · · · · · · · · · · · · · · · ·		38b	0		
	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) 39								
	40 Unpaid minimum required contribution for all years								
Pai	rt IX	Pension	Funding Relief Under	Pension Relief Act of 2010	(See Instructions)				
41	lf an el	ection was mad	de to use PRA 2010 funding	relief for this plan:					
	a Sch	edule elected .				••••	2 plus 7 years 🔲 15 years		
			•	e 41a was made			08 2009 2010 2011		
				••••••••••		42			
43	Excess	installment ac	celeration amount to be car	ied over to future plan years		43			