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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2012

Part I	Annual Report Identification Information						
For calend	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending	2/31/2	2012		
A This re	turn/report is for:	multiple-employer pl	an (not multiemployer)		a one-partici	pant plan	
B This re	turn/report is: the first return/report th	e final return/report					
	an amended return/report a s	short plan year returr	n/report (less than 12 m	onths))		
C Check	box if filing under: Form 5558	utomatic extension			DFVC progra	am	
• Onlook	special extension (enter description)						
Part II	Basic Plan Information—enter all requested informatio						
1a Name	·	ווכ		1h	Three-digit		
	ON PENSION MARKETING, INC. PENSION PLAN & TRUST			15	plan number		
					(PN) •	001	
				1c	Effective date o	f plan	
					01/01	/2009	
2a Plan s	ponsor's name and address; include room or suite number (emp ON PENSION MARKETING, INC.	oloyer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-21	fication Number 06125	
				2c	Sponsor's telep	hone number	
18560 204TH AVENUE NE 425-889-8855							
WOODINVILLE, WA 98077 2d Business code (see instructions) 524290							
3a Plan a	dministrator's name and address 🗵 Same as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN	
				3c	Administrator's	telephone number	
	name and/or EIN of the plan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b	EIN		
	, EIN, and the plan number from the last return/report. or's name			4c	PN		
	number of participants at the beginning of the plan year			5a		2	
	number of participants at the end of the plan year			5b		2	
	per of participants with account balances as of the end of the plan						
	lete this item)	•	•	5c			
	all of the plan's assets during the plan year invested in eligible a					X Yes No	
,	ou claiming a waiver of the annual examination and report of an 29 CFR 2520.104-46? (See instructions on waiver eligibility and		1	,		X Yes No	
	answered "No" to either line 6a or line 6b, the plan cannot	,				<u> </u>	
	A penalty for the late or incomplete filing of this return/repor						
	alties of perjury and other penalties set forth in the instructions, I					able a Schedule	
SB or Sche	edule MB completed and signed by an enrolled actuary, as well a						
belief, it is	true, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	04/30/2013	DAN SWEENEY				
HERE	Signature of plan administrator	Date	Enter name of individ	ual siç	ning as plan adr	ninistrator	
SIGN	Filed with authorized/valid electronic signature.	04/30/2013	DAN SWEENEY				
HERE	Signature of employer/plan sponsor	Date	Enter name of individ				
Preparer's	name (including firm name, if applicable) and address; include r	oom or suite number	r (optional)	Prep	arer's telephone	number (optional)	

Form 5500-SF 2012 Page **2**

Pai	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End c	f Year			
a	Total plan assets	7a	94414				(3) = 110. 0	1193			
	Total plan liabilities	7b		0					0		_
	Net plan assets (subtract line 7b from line 7a)	7c	94414					1193	924		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To		<u> </u>		
	Contributions received or receivable from:		(u) Amount				(6) 10				
	(1) Employers	8a(1)	19000	0							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b	5978	80							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						249	780		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
g	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		
	Net income (loss) (subtract line 8h from line 8c)	8i						249	780		
	Transfers to (from) the plan (see instructions)		0								
	rt IV Plan Characteristics	8j									
	If the plan provides pension benefits, enter the applicable pension f	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruct	ons:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	les from the List of Plan Chara	cterist	ic Co	des in t	he instruction	ns:			
_											
Par	•					1					
10	During the plan year:				Yes	No	1	Amoun	t		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Cor	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X				10	0000	00
d	Did the plan have a loss, whether or not reimbursed by the plan's to dishonesty?	-		10d		Х					
е							1				_
	insurance service or other organization that provides some or all o	of the bene	efits under the plan? (See			X					
	instructions.)			10e		1					
f	Has the plan failed to provide any benefit when due under the plan	า?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		Χ					
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 the exceptions to providing the notice applied under 29 CFR 2520.101			10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirement							Пү	es		No
11a	5500) and line 11a below)				·····			Ш'	,,,	<u>., ,</u>	
						11a	EDICAO I	П∨	es)		No
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	3UZ 0Î	EKISA?	<u> </u>	c o)	<u> </u>	·U
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			ctions	and	antar ti	l ne date of th	a lettor	rulin		
a	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										
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule										
b	Enter the minimum required contribution for this plan year					12b					

	Form 5500-SF 2012 Page 3 - 1			
			1	
C	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		
<u>e</u>	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?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	13c(2) E	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b	Trust's EIN	
		l		

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

2012

					✓ File as	an attachme	III IO FOIIII	3300 01	3300-3F.					
Fo	r calendar	plan year 201	2 or fiscal p	olan yea	ar beginning (01/01/2012			and en	iding 1	2/31/201	2		
•	Round o	ff amounts to	nearest do	ollar.										
•	Caution:	A penalty of \$	1,000 will b	e asses	ssed for late filing	of this report u	ınless reaso	onable ca	use is establis	shed.				
	Name of p		MARKETIN	IG, INC	. PENSION PLAN	& TRUST			B Three-	digit ımber (Pl	N)	•	001	
		sor's name as			of Form 5500 or 55	500-SF			D Employe 91-210612	er Identifi	cation Nu	umber (E	EIN)	
									91-210012	3				
E	Type of pla	ın: X Single	Multipl	le-A	Multiple-B	F	Prior year pla	n size: 🔀	100 or fewer	101	1-500	More th	nan 500	
Р	art I	Basic Infor	mation											
1		e valuation da		Mc	onth	Day31	Year _	2012	_					
2	Assets:													
	a Marke	et value								2a	1			1003201
	b Actua	ırial value								2t)			1003201
3	Funding	target/particip	oant count b	oreakdo	wn:			(1) N	lumber of part	icipants		(2) F	unding Tar	get
	a For re	etired participa	nts and ber	neficiari	es receiving paym	ent	3a				0			0
	b For te	erminated vest	ed participa	ants			3b				0			0
	C For a	ctive participa	nts:											
	(1)	Non-vested	benefits				3c(1)							0
	(2)	Vested ben	efits				3c(2)							700485
	(3)	Total active					3c(3)				2			700485
	d Total						3d				2			700485
4	If the pl	an is in at-risk	status, che	ck the b	oox and complete	lines (a) and (l	b)							
	a Fund	ing target disre	egarding pre	escribed	d at-risk assumption	ons				4a	1			
					nptions, but disreg					4t)			
5	Effectiv	e interest rate								5				6.84 %
6	Target i	normal cost								6				233495
Sta	To the best of accordance	with applicable law	ne information s and regulations	s. In my o	this schedule and acco pinion, each other assur ience under the plan.									
	SIGN HERE											04/08/20	013	
		•		Signatu	re of actuary							Date		
RO	BERT M. I	HANESS										11-049	45	
			Туре	or print	t name of actuary					Mos	st recent	enrollme	ent number	
HAI	NESS & A	SSOCIATES,	LLC									916-435	5-9830	
D.C) BOV 02	C		Fire	m name					Telephor	ne numbe	er (includ	ding area co	ode)
	D. BOX 83 CKLIN, C.													
				Addres	ss of the firm				_					
If the	e actuary l	nas not fully re	flected any	regulat	ion or ruling prom	ulgated under	the statute	in comple	eting this sche	dule, che	ck the bo	ox and s	ee	

Page	2	_
ı ayc	_	

Pa	rt II	Begin	ning of Year (Carryov	er Prefunding Balan	ces							
							(a) Carryover balance	е	(b) [Prefundi	ng balance	
7		•	0 , ,		cable adjustments (line 13	•			0			122951	
8			•	•	unding requirement (line 35				0			0	
9	Amount	remainii	ng (line 7 minus lin	e 8)					0			122951	
10	Interest	on line 9	using prior year's	actual ret	urn of				0			-3160	
11	Prior ye	ar's exce	ess contributions to	be added	I to prefunding balance:								
	a Prese	ent value	of excess contribu	tions (line	38a from prior year)							130142	
					nterest rate of						0		
	C Total	available	at beginning of curr	ent plan ye	ear to add to prefunding bala	nce						130142	
d Portion of (c) to be added to prefunding balance								130142					
12 Other reductions in balances due to elections or deemed elections							0						
13	Balance	at begir	nning of current yea	ar (line 9 +	· line 10 + line 11d – line 12	2)			0			249933	
Pa	art III	Fun	ding Percenta	ges									
14	Funding	target a	ttainment percenta	age							14	105.09 %	
15	Adjuste	d funding	g target attainment	percentag	je						15	120.33 %	
16					of determining whether ca						16	84.41 %	
17	If the cu	ırrent val	ue of the assets of	the plan is	s less than 70 percent of th	ne funding	target, ente	r such percentage.			17	%	
Pá	art IV	Con	tributions and	l Liquid	ity Shortfalls								
18	Contribu	utions ma	ade to the plan for	the plan y	ear by employer(s) and em	ployees:							
(M	(a) Date M-DD-Y		(b) Amount pa employer(s		(c) Amount paid by employees) Date DD-YYYY)	(b) Amount p employer		(0	(c) Amount paid by employees		
12	/10/2012			190000	0	1							
						Totals	▶ 18(b)	190000	18(c)		0	
19	Discoun	ited emp	loyer contributions	- see inst	ructions for small plan with	a valuatio	n date after	the beginning of th	ne year:				
	a Contr	ibutions	allocated toward u	npaid min	imum required contribution	s from pric	or years		. 19a			0	
	b Contr	ibutions	made to avoid rest	rictions ac	ljusted to valuation date				. 19b			0	
	C Contr	ibutions a	allocated toward mir	nimum requ	uired contribution for current	year adjus	ted to valuati	on date	. 19c			188279	
20	Quarter	ly contrib	outions and liquidity	/ shortfalls	:								
	a Did th	ne plan h	ave a "funding sho	ortfall" for t	he prior year?							Yes No	
	b If line	20a is "	Yes," were require	d quarterly	installments for the currer	nt year ma	de in a timel	ly manner?	····· <u>-</u>			Yes X No	
	C If line	20a is "	Yes," see instruction	ons and co	mplete the following table	as applica	ble:						
		(4)			Liquidity shortfall as of	end of qua					(4)		
		(1) 18			(2) 2nd	0	(3)) 3rd			(4) 4tl		
			0			0			0			0	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost						
21		unt rate:									
	a Seg	gment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %		N/A, full yie	ld curv	e used		
	b App	olicable month (enter code)			21b			0		
22	Weigh	ited average ret	tirement age			. 22			66		
23	Mortal	lity table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitu	te				
Pa	rt VI	Miscellane	ous Items								
24		-		tuarial assumptions for the current				ed Yes	X No		
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		Yes	X No		
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment	t	Yes	No		
27	27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment										
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years						
28	Unpai	d minimum requ	. 28			0					
29		unted employer 9a)	29			0					
30	Rema	ining amount of	30			0					
Pa	rt VIII	Minimum	Required Contribution	For Current Year							
31	Targe	t normal cost a	nd excess assets (see instruct	ions):							
	a Targ	et normal cost	(line 6)			. 31a	233495				
	b Exc	ess assets, if ap	oplicable, but not greater than	line 31a		31b	35688				
32	Amort	ization installme	ents:		Outstanding Bala	ance	Install	ment			
	a Net	shortfall amortiz	zation installment			0			0		
	b Wai	ver amortization	n installment			0			0		
33				ter the date of the ruling letter grange) and the waived amount	0	33			197807		
34	Total f	funding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	· 31b + 32a + 32b - 33)	. 34			0		
				Carryover balance	Prefunding bala	nce	Total b	alance			
35			use to offset funding	(D	9528			9528		
36	Additio	onal cash requir	rement (line 34 minus line 35)			. 36			0		
37			•	ontribution for current year adjuste		37			188279		
38	Prese	nt value of exce	ess contributions for current ye	ear (see instructions)							
	a Tota	al (excess, if any	y, of line 37 over line 36)			. 38a			188279		
	b Port	ion included in	line 38a attributable to use of	prefunding and funding standard o	arryover balances	. 38b			0		
39	Unpai	d minimum requ	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	. 39			0		
40	Unpai	d minimum requ	uired contributions for all years	S		40					
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)					
41	If an el	lection was mad	de to use PRA 2010 funding re	elief for this plan:							
	a Sche	edule elected				Г	2 plus 7 years	15	years		
	b Eligi	ible plan year(s) for which the election in line	41a was made		200	8 2009 20	10	2011		
42	42 Amount of acceleration adjustment										
			celeration amount to be carrie		43						

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2012

nt plan
•
Ĩ

001
lan
ation Number
5125
ne number 155
ee instructions)
oo motraotions)
N
ephone number
315
2
2 2
2
2
2
2 XYes No
2
Z X Yes No X Yes No
2
Z X Yes No X Yes No
ZYes No XYes No e, a Schedule owledge and
Z X Yes No X Yes No
Z X Yes No X Yes No e, a Schedule owledge and
Z XYes No XYes No e, a Schedule owledge and
Z X Yes No X Yes No e, a Schedule owledge and rator
Z XYes No XYes No e, a Schedule owledge and rator
Z X Yes No X Yes No e, a Schedule owledge and rator
3

Р	art III Financial Information						4		
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year	
a	Total plan assets	7a	944,1		<u> </u>		(-)	1,193,924	
b	Total plan liabilities	7b		0	\top			1,193,924	
С	Net plan assets (subtract line 7b from line 7a)	7c	944,1					1,193,924	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T		
a 	Contributions received or receivable from: (1) Employers	8a(1)	190,0	000					
	(2) Participants	8a(2)	· · · · · · · · · · · · · · · · · · ·	0	1				
	(3) Others (including rollovers)	8a(3)		0	+				
b	Other income (loss)	8b	59,7	80					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			\top			249,780	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)				0		.		249,760	
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0	1				
g	Other expenses	8g		0		-	2 2	The second secon	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	1119da	la .				0	
i	Net income (loss) (subtract line 8h from line 8c)	8i	The second secon		†	11000	-AT-44-2-	249,780	
j	Transfers to (from) the plan (see instructions)	8j		0					
Pa	art 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: 1C 1G 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Pa	art V Compliance Questions								
10					Voc	Nic		A	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribution	ons within t	he time period described in	100	Yes	No	,	Amount	
	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian Were there any nonexempt transactions with any party-in-interest?	ary Correcti (Do not inc	ion Program)lude transactions reported	10a	Yes	х	,	Amount	
a	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ary Correcti (Do not inc	ion Program)lude transactions reported	10b					
b	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian 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 fidelity bond?	(Do not inc	lude transactions reported that was caused by fraud	10b 10c	Yes	х	,	100,000	
b c	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian 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 fixed dishonesty?	ary Correcti (Do not inc	lude transactions reported that was caused by fraud	10b		х			
b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian 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 fixed reimbursed? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of	delity bond,	that was caused by fraud an insurance carrier, s under the plan? (See	10b 10c 10d		x			
b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian 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 fixed or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	ary Correcti (Do not incommended) delity bond, persons by the benefits	that was caused by fraud an insurance carrier, s under the plan? (See	10b 10c 10d 10e		x x			
b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian 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 fixed dishonesty? Were any fees or commissions 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?	delity bond,	that was caused by fraud an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f		x x x			
b c d e e	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian 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 fixed reimbursed by the plan's fixed reimbursed by the plan's fixed reimbursed service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as a service or the plan and participant loans? (If "Yes," enter amount as a service or the plan and participant loans? (If "Yes," enter amount as a service or the plan and participant loans? (If "Yes," enter amount as a service or the plan and participant loans? (If "Yes," enter amount as a service or the plan and participant loans? (If "Yes," enter amount as a service or the plan and participant loans? (If "Yes," enter amount as a service or the plan and participant loans? (If "Yes," enter amount as a service or the plan and participant loans? (If "Yes," enter amount as a service or the plan and participant loans?	delity bond, persons by the benefits	that was caused by fraud an insurance carrier, s under the plan? (See	10b 10c 10d 10e		x x			
a b c d d e f g h	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian 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 fixed or dishonesty? Were any fees or commissions 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? Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (S. 2520.101-3.)	delity bond, persons by the benefits of year end ee instruction	that was caused by fraud an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f		x x x			
b c d e e	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian 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 fixed dishonesty? Were any fees or commissions 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? Did the plan have any participant loans? (If "Yes," enter amount as all fithis is an individual account plan, was there a blackout period? (Si	delity bond, persons by the benefits of year end ee instruction	that was caused by fraud an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f 10g		x x x x			
a b c c d e f g h	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian 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 fixed or dishonesty? Were any fees or commissions 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? Did the plan have any participant loans? (If "Yes," enter amount as all fithis is an individual account plan, was there a blackout period? (S. 2520.101-3.)	delity bond, persons by the benefits of year end ee instruction	that was caused by fraud an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f 10g 10h		x x x x			
a b c c d e f g h	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian 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 fixed or dishonesty? Were any fees or commissions 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? Did the plan have any participant loans? (If "Yes," enter amount as all fithis is an individual account plan, was there a blackout period? (S. 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-11.	delity bond, persons by the benefits required not as a contraction of the second of t	that was caused by fraud an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f 10g 10h	X	X X X X X X X X X	Form	100,000	
a b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribution. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian 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 ficon 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? Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (S. 2520.101-3.) 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. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	delity bond, persons by the benefits of year end ee instructi required no	that was caused by fraud an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X	Form		
a b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian 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 fixed or dishonesty? Were any fees or commissions 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? Did the plan have any participant loans? (If "Yes," enter amount as all fithis is an individual account plan, was there a blackout period? (S. 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-11.	delity bond, persons by the benefits of year end ee instruction required not	that was caused by fraud an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f 10g 10h	X	X X X X X X X X X X X X X X X X X X X	Form	100,000	
a b c d e f g h i	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian 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 fixed 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? Did the plan have any participant loans? (If "Yes," enter amount as all fithis is an individual account plan, was there a blackout period? (S. 2520.101-3.) 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. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Is this a defined contribution plan subject to the minimum funding re-	delity bond, persons by the benefits required not guirements	that was caused by fraud an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f 10g 10h	X	X X X X X X X X X X X X X X X X X X X	Form	100,000	
a b c d e f g h i	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian 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 fixed 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? Did the plan have any participant loans? (If "Yes," enter amount as all fithis is an individual account plan, was there a blackout period? (S. 2520.101-3.) 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. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding recompliance (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, all false waiver of the minimum funding standard for a prior year is being	delity bond, persons by the benefits required not guirements s applicable amortized	that was caused by fraud an insurance carrier, s under the plan? (See .) ons and 29 CFR otice or one of the of section 412 of the Code or e.) in this plan year, see instruction	10b 10c 10d 10e 10f 10g 10h 10i sections.a	x x chedul	X X X X X X X X Ele SB (Control of Electron ele	Form RISA?	100,000 Yes X No Yes X No	
f g h i 11a 11a a	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian 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 fixed or dishonesty? Were any fees or commissions 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? Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (S 2520.101-3.) 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. 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. 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. 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. 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. 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. 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. If 10h was answered "Yes," check the box if you either provided the exceptions to provide any provided the provided the exceptions to provide any provided the provided the provided the	ary Correcti (Do not inc. delity bond, persons by the benefits of year end ee instructi required not a mats? (If "Yes quirements s applicable amortized	that was caused by fraud an insurance carrier, s under the plan? (See .) ons and 29 CFR otice or one of the of section 412 of the Code or e.) in this plan year, see instruction.	10b 10c 10d 10e 10f 10g 10h 10i sections.a	x x chedul	X X X X X X X X Ele SB (Control of Electron ele	Form	100,000 Yes X No	
a b c d e e f g h i 11a 11a 12 a if i	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian 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 fixed 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? Did the plan have any participant loans? (If "Yes," enter amount as all fithis is an individual account plan, was there a blackout period? (S. 2520.101-3.) 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. If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding recompliance (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, all false waiver of the minimum funding standard for a prior year is being	delity bond, persons by the benefits of year end ee instruction required not amortized dB (Form 5	that was caused by fraud an insurance carrier, s under the plan? (See .) ons and 29 CFR otice or one of the of section 412 of the Code or e.) in this plan year, see instruction Mon 1500), and skip to line 13.	10b 10c 10d 10e 10f 10g 10h 10i sections, a	X chedul on 302 nd enf	X X X X X X X X Ele SB (Control of Electron ele	Form RISA?	100,000 Yes X No Yes X No	

	Form 5500-SF 2012 Page 3-			
<u>c</u>	Enter the amount contributed by the employer to the plan for this plan year	12c		PART
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		
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	□No □N/A
Part		1		
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	Пу	es X 1	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the cor of the PBGC?	ntrol		Yes X 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.)	••••••	W	
1	3c(1) Name of plan(s): 13c((2) EIN(s)	13c(3) PN(s)
			,,,	
Part	VIII Trust Information (optional)			
14a i	ame of trust	14b ⊤r	ust's EIN	

Schedule SB, line 22 Description of Weighted Average Retirement Age DAVIS-BACON PENSION MARKETING, INC. PENSION PLAN & TRUST

91-2106125 / 001 For the plan year 1/1/2012 through 12/31/2012

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 19 -Discounted Employer Contributions

DAVIS-BACON PENSION MARKETING, INC. PENSION PLAN & TRUST

91-2106125 / 001

For the plan year 1/1/2012 through 12/31/2012 Valuation Date: 12/31/2012

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Applied Carryover Or Prefunding Bal PFB Applied to MRC	12/31/2012 12/31/2012	\$9,528 9,528	9,528	0	0	6.84	0
Totals for Applied Carryover or Prefunding Bala	ance	\$9,528	\$9,528	\$0	\$0		
Deposited Contribution	12/10/2012	\$190,000					
Applied to Quarterly Contribution	4/15/2012	44,507	43,362	0	44,507	6.84	11.84
Applied to Quarterly Contribution	7/15/2012	44,507	43,858	0	44,507	6.84	11.84
Applied to Quarterly Contribution	10/15/2012	44,507	44,365	0	44,507	6.84	11.84
Applied to MRC	12/31/2012	11,972	12,018	0	0	6.84	0
Applied to Quarterly Contribution	1/15/2013	44,507	44,676	0	44,507	6.84	0
Totals for Deposited Contribution	····	\$190,000	\$188,279	\$0	\$178.028		

MAP-21 Funding Election Form 430(h) and 436

DAVIS-BACON PENSION MARKETING, INC. PENSION PLAN & TRUST

91-2106125/001

For the plan year 1/1/2012 through 12/31/2012

2 for Delitary Aut (IMAF-2 i j Felision Fun	d under Internal Revenue Code Section 430, and as permitted under the Moving Ahead for Progress in the ing Stabilization. I, as the Plan Sponsor, hereby provide you, ROBERT M. HANESS, the plan's Enrolled inistrator the following election(s) for the above named plan and plan year:
MAP-21 Application for 2012	
	21 modifications for minimum funding and AFTAP
Ose WAF-21 segment rates for	inimum funding but use segment rates <u>without</u> MAP-21 modifications for AFTAP
\wedge	1

4-25-13

Funding Election Form 430(g/h)

DAVIS-BACON PENSION MARKETING, INC. PENSION PLAN & TRUST 91-2106125/001

Pursuant to the prescribed funding method under Internal Revenue Code Section 430, and as permitted under Regulations 1.430(g)-1(b)(2)(iv), 1. 430(g)-1(c) and 1.430(h)(2)-1(e), I, as the Plan Sponsor, hereby provide you, ROBERT M. HANESS, the plan's Enrolled Actuary and, additionally, to the Plan Administrator the following elections(s) for the above named plan for the plan year beginning 1/1/2012 and thereafter, if not revoked:

1.	. Applicable Month (Sch SB line 21b)
	Use the month containing the valuation date Use 1st, 2nd, 3rd, or 4th month preceding the month which includes the valuation date
2.	Interest Rates (Sch SB line 21a)
	Use funding segment rates as specified in Code Section 430(h)(2)(B) and (C) Use the bond rates full yield curve as specified in Code Section 430(h)(2)(D)
3.	Plan Assets (Sch SB line 2b)
	Use fair market value of assets Use average value of assets
	Valuation Date (Sch SB line 1) ☐ Use beginning of plan year ☐ Use end of plan year (only available for small plans with 100 or fewer participants per Reg. 1.430(g)-1(b)(2))
5.	Mortality Table (Sch SB line 23) Use prescribed separate mortality tables
	☑Use prescribed combined mortality table (only available for small plans with 500 or fewer participants per Reg. 1.430(h)(3)-1(b)(2))

I understand any election made above will remain in effect for the plan unless the election is revoked/changed by 1) written notification to the plan's Enrolled Actuary and the Plan Administrator on or before the filing due date (including extensions) of the Schedule SB of Form 5500 and 2) with consent of the Commissioner.

Plan Sponsor Signature

4-25-13

Date

Schedule SB, Part V Summary of Plan Provisions

DAVIS-BACON PENSION MARKETING, INC. PENSION PLAN & TRUST

91-2106125 / 001

For the plan year 1/1/2012 through 12/31/2012

Employer:

DAVIS-BACON PENSION MARKETING, INC.

Type of Entity - C-Corporation

EIN: 91-2106125

TIN: 27-2131619

Plan #: 001

Dates:

Year end - 12/31/2012

Effective - 1/1/2009

Valuation - 12/31/2012

Top Heavy Years - 2009, 2010, 2011, 2012

Eligibility:

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

the 1st day of the initial plan year of participation

Early - 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 - Derived from the fixed benefit formula below:

76% of average monthly compensation reduced by 1/6 for each year of participation less than 8

years

Accrued Benefit - Pro-rata based on participation

Minimum Benefit - None Maximum Benefit - None

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

Top Heavy Minimum:

2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

IRS Limitations:

Percent: 100

Dollar: \$200,000

Maximum 401(a)(17) compensation - \$250,000

Normal Form:

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% 100%

Service is calculated using all years of service

Schedule SB, Part V Summary of Plan Provisions

DAVIS-BACON PENSION MARKETING, INC. PENSION PLAN & TRUST 91-2106125 / 001

For the plan year 1/1/2012 through 12/31/2012

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

Interest Rates -

Segment#	Years	Rate %
Segment 1	0 - 5	2.07
Segment 2	6 - 20	4.45
Segment 3	> 20	5.24
Segments	<i>></i> 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 (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).

OMB No. 1210-0110

2012

P Flie as an attachment	to Form	1 5500 or 5500-SF.			
For calendar plan year 2012 or fiscal plan year beginning 01/01/2	012	and en	ding 12	/31/2012	
▶ Round off amounts to nearest dollar.					
Caution: A penalty of \$1,000 will be assessed for late filing of this report un	iless reas	onable cause is establis	shed.		
A Name of plan		B Three-	digit		
DAVIS-BACON PENSION MARKETING, INC. PENSION PLAN & TR	RUST	plan nu	ımber (PN) 🕨	001
C Diameter and the second seco			115	9,7	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employe	r Identifica	tion Number ((EIN)
DAVIS-BACON PENSION MARKETING, INC.			91-210	6125	
E Type of plan: Single Multiple-A Multiple-B F Price	or year pl	lan size: 🗓 100 or fewer	101-8	500 More	e than 500
Part I Basic Information					
					
7 Enter the valuation date: Month 12 Day 31 2 Assets:	Year_	2012		1288 T. 1082 WAY	
, , , , , , , , , , , , , , , , , , , ,					
a Market value				<u> </u>	1,003,201
b Actuariai value	******	***************	. 2b		1,003,201
3 Funding target/participant count breakdown		(1) Number of partic	pants	(2)	Funding Target
a For retired participants and beneficiaries receiving payment	3a		0		0
b For terminated vested participants	3b		0		0
C For active participants:				125 P	
	3c(1)				0
(2) Vested benefits	3c(2)				700,485
(3) Total active	3c(3)		2		700,485
d Total	3d		2		700,485
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)		П	······································		
a Funding target disregarding prescribed at-risk assumptions			. 4a	255 466650 1 2 200	
b Funding target reflecting at-risk assumptions, but disregarding transition rat-risk status for fewer than five consecutive years and disregarding to	rule for pi	lans that have been in	4h		
5 Effective interest rate					C 04 N
6 Target normal cost					6.84 %
Statement by Enrolled Actuary	********	***********	. 0		233,495
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, a accordance with applicable law and regulations, in my opinion each other assumption is reasonable (to combination, offer my best estimate of anticipated expedence under the plan.	statements a taking into a	and attachments, if any, is comp coount the experience of the pla	olete and accu in and reason	rrate. Each presrib able expectations	ped assumption was applied in) and such other assumptions, in
SIGN			É at	101	
HERE X //// (/			7	11/1	
Signature of actuary				Date	
ROBERT M. HANESS				11-04945	
Type or print name of actuary				cent enrollme	ant number
HANESS & ASSOCIATES, LLC		٠		.6) 435-98	
. Firm name		Т			
P.O. BOX 836		I	elebi lotte	number (INClu	iding area code)
US ROCKLIN CA 95677					
Address of the firm					
If the actuary has not fully reflected any regulation or ruling promulgated under the	e statute	in completing this sched	lule, check	the box and	see

		_		
Schedule :	SB ℓ	Form	5500)	2012

Page 2

7 	year) Portion elect	eginning of prior year a	after applicable adji		***************************************	(a) (Carryover balance	(b)	Prefunc	ing balance
8	year) Portion elect	eginning of prior year a	after applicable adj							
	8 Portion elected for use to offset prior year's funding requirement (line 35 from							0		122,95
9	prior year)									
								0		
40		aining (line 7 minus line						0		122,95
10 11		ne 9 using prior year's			*******			0		(3,160)
1 1		excess contributions to						- 15 mg		
		alue of excess contribu		3 3 13						130,142
	otherwise	n (a) using prior year's provided (see instruction	effective interest ra	te of	except as					
	C Total avai	able at beginning of cu	urrent plan year to	add to prefunding b	alance					130,142
	d Portion of	(c) to be added to pref	funding balance	• • • • • • • • • • • • • • • • • • • •						130,142
		ons in balances due to						0		(
13	Balance at be	eginning of current year	r (line 9 + line 10 +	line 11d - line 12).				0		249,933
Pa	irt III Fu	unding Percentag	es						************	TWO TO PERSONAL PROPERTY AND ADDRESS AND A
14	Funding targe	et attainment percentag	je		*******				14	105.09 %
		ling target attainment p							15	120.33 %
16	Prior year's fu	inding percentage for p funding requirement	ourposes of determ	ining whether carn	over/prefi	inding halar	nnes may he used t	o reduce	16	
17	If the current	value of the assets of t	the plan is less that	70 percent of the	funding ta	raet, enter	such percentage	************	17	84.41 %
		ontributions and		Commence of the Annual Commence of the Commenc)/
		made to the plan for th								
	(a) Date M-DD-YYYY)	(b) Amount paid employer(s)	by (c) Am	ployer(s) and empli ount paid by iployees	(a)	Date D-YYYY)	(b) Amount p employer(unt paid by
	10/2012		,000	0	(1811AI-DI	3-11,1)	employer	3)	empi	oyees
									water the later of	
							The same of the sa			
										
					Totals	► 18(b)		90,000 18(0)	0
19	Discounted er	nployer contributions -	see instructions fo		valuation	date after t				<u> </u>
		ns allocated toward unp						9a		0
		ns made to avoid restri						9b		0
		ns allocated toward mir						96		188,279
		ributions and liquidity s) 54. 44)	20.00 10 101	outon date 1			2007213
		have a "funding short		ar?				(Telephone	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Yes No
		"Yes," were required								Yes X No
		"Yes," see instruction				-				1 103 [V] IAO
	*********			shortfall as of end			year	provide Contract Const.		
	(1)	1st ·		Ind			3rd		(4) 4th	1
										WY15

		ons Used To Determine	Funding Target and Tar	get Normal Cost		
21	Discount rate:					
	a Segment rates:	1st segment; 5 . 54 %	2nd segment: 6.85 %	3rd segment		N/A, full yield curve used
		(enter code)			21b	0
_22	Weighted average re	etirement age			22	6
23	Mortality table(s) (see	e instructions) X Pre	scribed - combined Pre	escribed - separate	Substitu	ute
Pa	rt VI Miscellane	ous items				
24	Has a change been r	nade in the non-prescribed actu	arial assumptions for the currer	it plan year? If "Yes," see	e instructio	ns regarding required
	attachment					· · · · · · · · · · · Yes 🕱 No
25	Has a method chang	e been made for the current pla	n year? If "Yes," see instruction	s regarding required atta	chment .	Yes 🕱 No
26	Is the plan required to	o provide a Schedule of Active F	Participants? If "Yes," see instru	ctions regarding required	d attachme	nt X Yes No
27		to alternative funding rules, ente			27	
		ation of Unpaid Minimur			,	
28	Unpaid minimum requ	uired contribution for all prior ye	ars	* * * * * * * * * * * *	28	(
29	(line 19a)	contributions allocated toward	unpaid minimum required contri	butions from prior years	29	(
30		funpaid minimum required cont			30	
		Required Contribution F				
200		nd excess assets (see instruction		78176 - N		
		(line 6)			31a	233,495
	b Excess assets, if an	oplicable, but not greater than lir	ne 31a		31b	35,688
	Amortization installme			Outstanding Bala		Installment
		zation installment			0	niddanron.
		installment			0	0
		approved for this plan year, ente		nting the approval		
	(MonthI	DayYear) and the waived amount .	• • • • • • • • • • • • • • • • • • •	33	0
34		ent before reflecting carryover/p	~~~~~~		34	197,807
			Carryover balance	Prefunding Bala	ince	Total balance
35	Balances elected for u	use to offset funding			-	
	requirement		0		9,528	9,528
36	Additional cash requir	ement (line 34 minus line 35) .			36	188,279
37	Contributions allocated	d toward minimum required con	tribution for current year adjuste	ed to valuation date	37	
				• • • • • • • • • • • • • • • • • • • •		188,279
		ss contributions for current year		<u> </u>	30-	
		, of line 37 over line 36)			38a	0
		ine 38a attributable to use of pre			38b	0
		ired contribution for current yea			39	
		ired contribution for all years			40	
Part		unding Relief Under Pe		(See Instructions)		
41 11	an election was made	to use PRA 2010 funding relie	f for this plan:			
a	Schedule elected.				[] 2 plus 7 years 🔲 15 years
t	Eligible plan year(s)	for which the election in line 41	a was made		. 200	08 2009 2010 2011
		adjustment			42	
43 E	xcess installment acce	eleration amount to be carried o	ver to future plan years		43	

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

DAVIS-BACON PENSION MARKETING, INC. PENSION PLAN & TRUST

91-2106125 / 001 For the plan year 1/1/2012 through 12/31/2012

Valuation Date:

12/31/2012

Funding Method:

As prescribed in IRC Section 430

Age - Eligibility age at last birthday and other ages at nearest birthday

Retrospective Compensation - Highest 3 consecutive years of participation

Form of Payment - Assumed form of payment for funding is Life Annuity

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

Segment #	nent# Year			
Segment 1	0 - 5	1.66		
Segment 2	6 - 20	4.47		
Segment 3	> 20	5.52		

Segment rates as of September 30, 2011 As permitted under IRC 430(h)(2)(C)(iv)(II)

Segment #	Year	Rate %
Segment 1	0 - 5	5.54
Segment 2	6 - 20	6.85
Segment 3	> 20	7.52

Pre-Retirement - Mortality Table -

None

Turnover/Disability -None Salary Scale -Expense Load -None

Ancillary Ben Load -

Post-Retirement - Mortality Table -

12C - 2012 Funding Target - Combined - IRC 430(h)(3)(A)

Cost of Living -

None

None

Asset Valuation Method:

Fair market value of assets adjusted for contributions under IRC 430(g)(4)

Discrimination Test Assumptions:

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -

8.5%

Post-Retirement - Interest -

8.8%

Mortality Table -

U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use average compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

Schedule SB, line 26 Schedule of Active Participant Data DAVIS-BACON PENSION MARKETING, INC. PENSION PLAN & TRUST

91-2106125/001 For the plan year 1/1/2012 through 12/31/2012

Years of Credited Service

Altained Age	Under t No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No	20 te 24 No	25 to 29	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25										
25 to 29										
30 to 34										
35 to 39							- Constitution			
40 to 44										
45 to 49								-		
50 to 54										
95 to 59		1		Proceedings.						
60 to 64				Tri Consession	and the state of t					111111111111111111111111111111111111111
65 to 69		1								
70 & up									and the same of th	