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).

OMB Nos. 1210-0110 1210-0089

2012

		Corporation	Complete all entries i	n accordance with the inst	ructions to the Form 550	0-SF.	
	art I		Identification Informati	on			
For	calenda	ar plan year 2012 or fis	cal plan year beginning 01	/01/2012	and ending 1	2/31/2012	
Α	This retu	urn/report is for:	x a single-employer plan	a multiple-employe	r plan (not multiemployer)	a one-pa	rticipant plan
В	This retu	urn/report is:	the first return/report	the final return/repo	ort	_	
		·	an amended return/report	a short plan year ref	curn/report (less than 12 mo	onths)	
_	Chock h	oox if filing under:	Form 5558	automatic extension		DFVC pro	ogram
Ü	CHECK	oox ii iiiiiig under.	special extension (enter d			□ 51 10 pm	ogiam
D	- u4 II	Desia Dian Info	<u> </u>	. ,			
	art II		rmation—enter all requeste	d information		1h Thuas diam	
	Name o	•	IERSHIP DEFINED BENEFIT	ΡΙ ΔΝ		1b Three-digit plan numbe	r
***	LLIVIA	WILL LIWITED FARTIN	VERTONII DELINED DENETTI	I LAN		(PN))	001
						1c Effective da	te of plan
						01	1/01/2003
			dress; include room or suite nu	ımber (employer, if for a sing	le-employer plan)	' '	entification Number
VVEL	LEK FA	MILY LIMITED PARTI	NEKSHIP			(E114)	1-1705851
							elephone number
		H STREET 'A 98445					3-535-4433
1710	O1V17 1, VV	77 00440					de (see instructions) 41990
32	Plan ac	Iministrator's name an	d address XSame as Plan S	oneor Name Same as P	lan Sponsor Address	3b Administrate	
ou	i iaii ac	anningitator 3 name an	d address Moanic as rian of	Donisor Name Dame as 1	ian oponsoi Addiess	Administrate	JI 3 LIIV
						3c Administrate	or's telephone number
4	If the n	ama and/ar FINI of the	nlan ananaar haa ahangad si	and the least resture /respect files	d for this plan anter the	Ale Ent	
4			plan sponsor has changed sin the from the last return/repor		a for this plan, enter the	4b EIN	
а		or's name		•		4c PN	
5a	Total n	number of participants	at the beginning of the plan ye	ar		5a	2
b	Total n	number of participants	at the end of the plan year			5b	2
С			account balances as of the end			0.0	
				• • •	•	5c	
6a	Were	all of the plan's assets	during the plan year invested	in eligible assets? (See instr	uctions.)		X Yes No
b			the annual examination and re				
			(See instructions on waiver e				X Yes No
			ther line 6a or line 6b, the pl				
			or incomplete filing of this re				
			ner penalties set forth in the industrial in the industrial set and signed by an enrolled actual in the industrial in the industrial in the industrial ind				
		rue, correct, and comp		ry, ao won ao aro oloonorno t	reference transference	, and to the boot of	my knowledge and
		Filed with outborized/	rolid algotropia aignotura	10/00/2012	OTEVEN COLUMBS		
SIG	SN RE	Filed with authorized/V	valid electronic signature.	10/08/2013	STEVEN SCHUMPP F	PREPARER	
ii.	\L	Signature of plan ac	dministrator	Date	Enter name of individu	ual signing as plan	administrator
SIG							
HE	RE	Signature of employ	yer/plan sponsor	Date	Enter name of individu	ual signing as emp	loyer or plan sponsor
Pre	parer's i		ame, if applicable) and addres	s; include room or suite num			one number (optional)

Form 5500-SF 2012 Page **2**

Par	t III Financial Information						
	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a	Total plan assets	7a	114273				730549
	Total plan liabilities	7b		0			0
С	Net plan assets (subtract line 7b from line 7a)	7c	114273	6			730549
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:		, ,				. ,
	(1) Employers	8a(1)					
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	10347	7			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					103477
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	51566	4			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					515664
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-412187
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 1A 1I 3D	feature co	des from the List of Plan Char	acteris	tic Code	es in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristi	c Code:	s in t	he instructions:
Part	V Compliance Questions						
10	•			I	Yes	No	A
a	During the plan year: Was there a failure to transmit to the plan any participant contributions of the plan and participant contributions.				163	X	Amount
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions reported	10a		X	
	on line 10a.)			10b			
с	Was the plan covered by a fidelity bond?			10c		X	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ	
	Did the plan have any participant loans? (If "Yes," enter amount a					Χ	
g h	If this is an individual account plan, was there a blackout period? ((See instru	uctions and 29 CFR	10g		X	
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h			
D (exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i		X	
Part							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
_11a	Enter the amount from Schedule SB line 39				1	1a	9139
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 30	2 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon			ter th Day	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				ī
b	Enter the minimum required contribution for this plan year				1	2b	

	Form 5500-SF 2012	Page 3 - 1						
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 negative amount)	_ ·		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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				
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	red to another plan, or brought und	er the c	ontro	I		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify the p	olan(s) t	0				
1	3c(1) Name of plan(s):		1;	3c(2) l	EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)							
14a 1	Name of trust			14b	Trust	's EIN		

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

				l	File as	an attachme	III IO FOIIII	3300 01	3300-3F.				
Fo	r calendar	plan year 201	2 or fisca	ıl plan ye	ear beginning	01/01/2012			and end	ding 12/3	1/2012		
Þ	Round o	ff amounts to	nearest	dollar.									
<u> </u>	Caution:	A penalty of \$	1,000 wil	l be ass	essed for late filing	of this report u	ınless reaso	onable ca	use is establis	ned.			
	Name of p		PARTN	ERSHIP	DEFINED BENEFI	T PLAN			B Three-d	igit mber (PN)	•	001	
		sor's name as MILY LIMITED			a of Form 5500 or 5	500-SF			D Employe 91-1705851	r Identifica	tion Numbe	er (EIN)	
Е	Type of pla	ın: X Single	Mult	tiple-A	Multiple-B	F P	rior year pla	an size: 🔀	100 or fewer	101-5	00 Mor	e than 500	
Р	art I	Basic Infor	mation										
1		e valuation da			Month 01	Day01	Year_2	2012					
2	Assets:	e valuation da	ile.	- 11	WORTH	Day	16a1_	-012	<u> </u>				
_		at value								2a			1140479
										2b			1140479
3		target/particir						(4) N	lumbar of parti			2) Funding Tor	
3	•	, , , ,			aown. aries receiving paym		3a	(1) N	lumber of partic	opants 0	(,	2) Funding Tar	
	_				01,		3b			0			0
			•	panis			30			0			0
		ctive participar				[3c(1)						0
	(1)					ŀ							
	(2)					•	3c(2)			2			1378530
	(3)					•	3c(3) 3d			2			1378530
_	-									2			1378530
4					box and complete	, , , ,	•		_				
		0 0			ed at-risk assumption					4a			
					imptions, but disreg onsecutive years an								
5	Effective	e interest rate								5			6.59 %
6	Target i	normal cost								6			0
Sta	To the best of accordance	with applicable law	ne informatio and regulati	ons. In my	I in this schedule and according opinion, each other assurerience under the plan.								
	SIGN HERE										10/07	7/2013	
		l.		Signa	ture of actuary						Date	9	
LA\	WRENCE	S. BUTCHER,	E.A.	J	,)5843	
			Tvi	oe or pri	int name of actuary				_	Most r		lment number	
VEI	RISIGHT,	INC.	- 71		,							488-6756	
	2.2,			F	ïrm name					Telephone		cluding area co	ode)
SU	5 S. LASA ITE 2225 IICAGO, IL			·						Сориспо	nambor (iii	ordaning area oc	, do
				Addr	ess of the firm				_				
If th	e actuary h	nas not fully re	flected ar	nv regul	ation or ruling prom	ulgated under	the statute	in comple	eting this sched	lule, check	the box an	nd see	П
		10		., . Jgui	prom			Jonnpie			20x ai		Ш

Page	2	_
ı ayc	_	

Pa	art II	Begin	ning of Year	Carryov	er Prefunding Balan	ces						
					<u> </u>		(a) (Carryover balance		(b)	Prefundi	ng balance
7		Ū	0 , ,		cable adjustments (line 13 f	•			0			2500
8			•	•	unding requirement (line 35							
9	Amount	t remainii	ng (line 7 minus lir	ne 8)					0			2500
10	Interest	on line 9	using prior year's	actual ret	turn of1.25%							-31
11	Prior ye	ar's exce	ess contributions to	o be adde	d to prefunding balance:							
	a Present value of excess contributions (line 38a from prior year)											54464
b Interest on (a) using prior year's effective interest rate of												3279
	C Total	available	at beginning of cur	rent plan y	ear to add to prefunding balar	nce						57743
	d Portion	on of (c)	to be added to pre	efunding ba	alance							57743
12	Other re	eductions	s in balances due t	to election	s or deemed elections							22557
13	Balance	e at begir	nning of current ye	ar (line 9 -	+ line 10 + line 11d – line 12)			0			37655
Р	art III	Fun	ding Percenta	ages								
14	Funding	g target a	ttainment percent	age							14	80.00 %
15	Adjuste	d funding	g target attainment	t percenta	ge						15	80.00 %
16					of determining whether car						16	%
17	If the cu	ırrent val	ue of the assets o	f the plan	is less than 70 percent of the	e funding targ	get, enter s	such percentage			17	%
P	art IV	Con	tributions and	d Liquid	ity Shortfalls							
18	Contrib			•	rear by employer(s) and emp	oloyees:						
(N	(a) Dat 1M-DD-Y		(b) Amount pa employer((c) Amount paid by employees	(a) Da (MM-DD-		(b) Amount pa employer(:		(int paid by oyees
											1	
						Totals ▶	18(b)		0	18(c)		
19	Discour	nted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation d	ate after tl	he beginning of the				
	a Cont	ributions	allocated toward u	unpaid min	imum required contributions	from prior ye	ears		19a			(
	b Contr	ributions	made to avoid res	trictions a	djusted to valuation date				19b			(
	C Contr	ributions a	allocated toward mi	nimum req	uired contribution for current y	ear adjusted	to valuation	n date	19c			(
20		•	outions and liquidit	•								
			_		the prior year?						<u></u>	Yes No
	b If line	20a is "	Yes," were require	ed quarterl	y installments for the curren	t year made i	n a timely	manner?				Yes X No
	C If line	20a is "	Yes," see instructi	ons and co	omplete the following table a							
		(1) 1	s _t 1		Liquidity shortfall as of e	nd of quarter		in year 3rd	1		(4) 4th	<u> </u>
		(1) 19	οι .		(2) 2nd		(3)	Jiu			(4) 4th	ı

Do	w4 \/	Accumptio	no Hood to Dotormino	Funding Target and Targe	at Normal Cost						
21			iis Osea to Determine	runding ranger and range	et Normai Cost				-		
		ment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %		N/A, full yiel	d curve	used		
	b Appli	icable month (enter code)			21b			0		
22	Weighte	ed average ret	irement age			22					
23		y table(s) (see			scribed - separate						
Pa	rt VI	Miscellane	ous Items								
24	Has a c	change been m	nade in the non-prescribed act	uarial assumptions for the current	•		· · · -	d Yes	X No		
25	Has a n	nethod change	been made for the current pl	an year? If "Yes," see instructions	regarding required attac	hment		Yes	X No		
26	Is the p	lan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.		Yes	X No		
27		•	o alternative funding rules, en	0 0	27	_	-	_			
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	s For Prior Years							
28	Unpaid	minimum requ	uired contributions for all prior		28			0			
29				unpaid minimum required contrib		29			0		
30	Remain	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		30			0		
Pa	rt VIII	Minimum	Required Contribution	For Current Year							
31	Target	normal cost ar	nd excess assets (see instruct	ions):							
	a Targe	t normal cost ((line 6)			31a			0		
			-	line 31a	 T	31b			0		
32	Amortiz	zation installme	ents:		Outstanding Bala	ance	Installment				
						275706			46794		
						0			0		
33				ter the date of the ruling letter grar) and the waived amount		33					
34	Total fu	ınding requiren	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			46794		
				Carryover balance	Prefunding bala	nce	Total ba	lance			
35			use to offset funding	C		37655			37655		
36	Addition	nal cash requir	rement (line 34 minus line 35)			36			9139		
37				ontribution for current year adjuste		37			0		
38	Present	t value of exce	ess contributions for current ye	ar (see instructions)							
	a Total	(excess, if any	, of line 37 over line 36)			38a			0		
	b Portion	on included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	38b					
39	Unpaid	minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	39			9139		
40			•	S		40			9139		
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)					
41	If an ele	ection was mad	de to use PRA 2010 funding re	elief for this plan:							
	a Schee	dule elected				<u>. </u>	2 plus 7 years	15 y	years		
	b Eligib	ole plan year(s)) for which the election in line	41a was made		2008	3 2009 201	0	2011		
42	Amount	of acceleratio	n adjustment			42					
43	Evenss	inetallment ac	celeration amount to be carrie	d over to future plan years		43			_		

Summary of Plan Provisions Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 1/1/2012

Plan Effective Date January 1, 2003

Plan Year From January 1 to December 31

Eligibility All employees not excluded by class are eligible to enter on the

January 1 nearest the completion of the following requirements:

1 year of service Minimum age 21

Normal Retirement Age All participants are eligible to retire with their full retirement benefit

on the later of the following:

Attainment of age 65

Completion of 5 years of participation

Normal Retirement Benefit Upon normal retirement each participant will be entitled to a benefit

payable in the normal form equal to the following: as follows:

6 percent of compensation times credited years

Credited years are plan years commencing with the year of entry and

ending with the retirement year excluding the following:

Years with less than 1,000 hours

with a maximum of 10 years

Maximum benefit is \$16,667 per month Maximum percent of salary is 100%

Benefit is based on average salary during the final 3 consecutive

years of employment

Early Retirement Age Attainment of age 55

5 years of participation

Early Retirement Benefit Actuarial Equivalence

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit The normal retirement benefit described above calculated based on

salary and/or service on the calculation date, and payable on the

normal retirement date.

Summary of Plan Provisions Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 1/1/2012

Termination Benefit

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	0
3	0
4	0
5	100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Each participant will be entitled to a minimum accrued benefit equal to the following:

2 percent of average compensation times credited years

Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:

Years with less than 1,000 hours excluding years plan not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

Top-Heavy Normal Form

A benefit payable for the life of the participant

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Shortfall Amortization Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 1/1/2012

		Number of		Value of
	Amortization	Future		Future
Valuation Date	Method	Installments	Installment	Installments
01/01/2012	7-year	7	\$46,794	\$275,706
Total			\$46,794	\$275,706

Form 5500-SF

Department of the Treesury Internal Revenue Service

Department of Labor Employee Benefila Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2012

	Benefit Guaranty Corporation	► Complete all entries in a	ccordance with the instri	uctions to the Form 550	0-SF.	IIIa	spection
Part I	Annual Report k	dentification Information					An maxwes
For calend	dar olan year 2012 or fisc		01/01/2012	and ending		12/31/201	2
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	pant plan
B This re	etum/report is:	the first return/report	the final return/repor	t	_	_	
	·	an amended return/report	a short plan year retu	ım/report (less than 12 m	anths)		
C Chark	box if filing under:	X Form 5558	automatic extension		г Г	DFVC progra	
O CHECK	box ii iiii ig biriper.	=	_		L] Drvc progra	11717
David II	Dania Dian Infan	special extension (enter desc					
Part II		mation—enter all requested in	formation		41.		
1a Name	•					Three-digit olan number	
	er Family Limit ned Benefit Pla	ted Partnership				(PN) ►	001
Dell	Hed Penetif bi	all			-	Effective date of	
						01/01/2001	
		ess; include room or suite numb	per (employer, if for a single	e-employer plan)	177	Section 1 Section 5	fication Number
METT	et tammin mimi	ted Partnership				E(N) 91-170	
						Sponsor's telepi 253) 535-	
2002	E. 99th Street	ŧ					see instructions)
Taco	·ma		5/72	98445	Transport of Particular	641990	see instructions)
		address XSame as Plan Spon		n Sponsor Address		Administrator's E	=IN
				ar eponosi radiodo		tantinoticitor o i	
					3c A	Administrator's t	elephone number
					l .		
			Ř				
A 150						(253) 535-	-4433
		olan sponsor has changed since	the last return/report filed	for this plan, enter the	4b 8		-4433
name	e, EIN, and the plan numb	olan sponsor has changed since per from the last return/report.	the last return/report filed	for this plan, enter the	4b 8	ΞIN	-4433
name a Spons	e, EIN, and the plan numb sor's name	per from the last return/report.	·		4b 8	ΞIN	-4433
a Spons 5a Total	e, EIN, and the plan numb sor's name number of participants at	per from the last return/report.			4b 6 4c F 5a	ΞIN	-4433
a Spons 5a Total i b Total i	e, EIN, and the plan numb sor's name number of participants at number of participants at	the beginning of the plan year, the end of the plan year.			4b 8	ΞIN	-4433
a Spons 5a Total i b Total i c Numb	e, EIN, and the plan numb sor's name number of participants at number of participants at per of participants with ac	the beginning of the plan year, the end of the plan year,	the plan year (defined ber	efit plans do not	4b 6 4c F 5a 5b	ΞIN	-4433 2
b Total c	e, EIN, and the plan numb sor's name number of participants at number of participants at per of participants with ac lete this item)	per from the last return/report. It the beginning of the plan year, It the end of the plan year would be a second of the plan year	the plan year (defined ber	efit plans do not	4b 6 4c F 5a 5b	PN .	
name a Spons 5a Total i b Total i c Numb compi	e, EIN, and the plan number of participants at number of participants at number of participants at per of participants with actiete this item)	the beginning of the plan year. the end of the plan year. count balances as of the end of	the plan year (defined ber	efit plans do not	4b 6 4c F 5a 5b 5c	PN .	-4433
b Total complete a Spons 5a Total complete b Are younder	e, EIN, and the plan number of participants at number of participants at number of participants at per of participants with acted this item)	the beginning of the plan year, the end of the plan year, the end of the plan year	the plan year (defined ben eligible assets? (See instru rt of an independent qualifi ollity and conditions.)	efit plans do not ctions.) ed public accountant (IQI	4b 6 4c F 5a 5b 5c	PN	
b Total complete a Spons 5a Total complete b Are younder	e, EIN, and the plan number of participants at number of participants at number of participants at per of participants with acted this item)	the beginning of the plan year, the end of the plan year, the end of the plan year count balances as of the end of during the plan year invested in e	the plan year (defined ben eligible assets? (See instru rt of an independent qualifi ollity and conditions.)	efit plans do not ctions.) ed public accountant (IQI	4b 6 4c F 5a 5b 5c	PN	X Yes No
b Total of C Numb complement of Sa Were b Are you under if you	e, EIN, and the plan number of participants at number of participants at number of participants at per of participants with actet this item)	the beginning of the plan year, the end of the plan year, the end of the plan year	the plan year (defined ben eligible assets? (See instru rt of an independent qualif ollity and conditions.) cannot use Form 5500-Si	efit plans do not ctions.) ed public accountant (IQI	4b 6 4c F 5a 5b 5c	N	X Yes No
b Total of Compile Are younder If you Caution: A	e, EIN, and the plan number of participants at number of participants at number of participants at per of participants with actet this item)	the beginning of the plan year. the beginning of the plan year. the end of the plan year count balances as of the end of during the plan year invested in a ne annual examination and repo See instructions on waiver eligit ter line 6a or line 6b, the plan a incomplete filling of this retur r penalties set forth in the instruct	the plan year (defined ber eligible assets? (See instru rt of an independent qualif ollity and conditions.) cannot use Form 5500-Si n/report will be assessed ctions. I declare that I have	efit plans do not ctions.) ed public accountant (IQI f and must instead use unless reasonable cau	4b E 4c F 5a 5b 5c PA) Form 5 se is er	500. stablished.	X Yes No X Yes No
b Total of Compile Compile Compile Compile Compile Compile Counter If you Caution: A Unider pans SB or Schell	e, EIN, and the plan number of participants at number of participants at number of participants at per of participants with actet this item)	the beginning of the plan year. the beginning of the plan year. the end of the plan year count balances as of the end of during the plan year invested in a ne annual examination and repo See instructions on waiver eligit our line 6a or line 6b, the plan incomplete filling of this retur r penalties set forth in the instructions on the plan of the plan incomplete filling of this retur r penalties set forth in the instructions on the plan of the plan incomplete filling of this retur	the plan year (defined ber eligible assets? (See instru rt of an independent qualif ollity and conditions.) cannot use Form 5500-Si n/report will be assessed ctions. I declare that I have	efit plans do not ctions.) ed public accountant (IQI f and must instead use unless reasonable cau	4b E 4c F 5a 5b 5c PA) Form 5 se is er	500. stablished.	X Yes No X Yes No
b Total of Compile Compile Compile Compile Compile Compile Counter If you Caution: A Unider pans SB or Schell	e, EIN, and the plan number of participants at number of participants at number of participants at per of participants with actet this item)	the beginning of the plan year. the beginning of the plan year. the end of the plan year count balances as of the end of during the plan year invested in a ne annual examination and repo See instructions on waiver eligit our line 6a or line 6b, the plan incomplete filling of this retur r penalties set forth in the instructions on the plan of the plan incomplete filling of this retur r penalties set forth in the instructions on the plan of the plan incomplete filling of this retur	the plan year (defined ben eligible assets? (See instru- rt of an independent qualif- ollity and conditions.) cannot use Form 5500-Si- n/report will be assessed ctions, I declare that I have as well as the electronic ve	efit plans do not ctions.) ed public accountant (IQI f and must instead use unless reasonable cau	4b E 4c F 5a 5b 5c PA) Form 5 se is er	500. stablished.	X Yes No X Yes No
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under if you Caution: A Under pens SB or Sche belief, it is it	e, EIN, and the plan number of participants at number of participants at number of participants at per of participants with actet this item)	the beginning of the plan year. the beginning of the plan year. the end of the plan year count balances as of the end of during the plan year invested in a ne annual examination and repo See instructions on waiver eligit our line 6a or line 6b, the plan incomplete filling of this retur r penalties set forth in the instructions on the plan of the plan incomplete filling of this retur r penalties set forth in the instructions on the plan of the plan incomplete filling of this retur	the plan year (defined ben eligible assets? (See instru rt of an independent qualifi ollity and conditions.) cannot use Form 5500-Si n/report will be assessed ctions, I declare that I have as well as the electronic ve	efit plans do not ctions.) ed public accountant (IQI f and must instead use unless reasonable cau	4b E 4c F 5a 5b 5c PA) Form 5 se is er	500. stablished.	X Yes No X Yes No
name a Spons 5a Total of b Total of c Numb compi 6a Were b Are younder if you Caution: A Under pans SB or Sche belief, it is it	e, EIN, and the plan number of participants at number of participants at number of participants at per of participants with addete this item)	the beginning of the plan year, the end of the plan year, the end of the plan year	the plan year (defined ber eligible assets? (See instru- rt of an independent qualifi- plifty and conditions.)	ctions.) ed public accountant (IQI f and must instead use unless reasonable cau e examined this return/report Glen Weller	4b E 4c F 5a 5b 5c PA) Form 5 se is enout, included and to	500. stablished. luding, if applicative best of my	Yes No Yes No Sole, a Schedule knowledge and
name a Spons 5a Total b Total c Numb compl 6a Were b Are younder if you Caution: A Under pans SB or Sche belief, it is is	e, EIN, and the plan number of participants at number of participants at number of participants at per of participants with actet this item)	the beginning of the plan year, the end of the plan year at the end of the plan year account balances as of the end of the during the plan year invested in the annual examination and repose instructions on waiver eligible or line 6b, the plan incomplete filling of this return penalties set forth in the instructions of the plan o	the plan year (defined benedigible assets? (See instruct of an independent qualifully and conditions.)	refit plans do not ctions.) ed public accountant (IQI and must instead use unless reasonable cau examined this return/report	4b E 4c F 5a 5b 5c PA) Form 5 se is enout, included and to	500. stablished. luding, if applicative best of my	Yes No Yes No Sole, a Schedule knowledge and
name a Spons 5a Total b Total c Numb comp 6a Were b Are you under if you Caution: A Under pens SB or Sche belief, it is is SIGN HERE	e, EIN, and the plan number of participants at number of participants at number of participants at per of participants with addete this item)	the beginning of the plan year, the beginning of the plan year, the end of the plan year	the plan year (defined bereligible assets? (See instruct of an independent qualifications.)	efit plans do not ctions.) ed public accountant (IQI F and must instead use unless reasonable cau examined this return/report Glen Weller Enter name of individu	4b E 4c F 5a 5b 5c PA) Form 5 se is endort, including and to	500. stablished. luding, if applicative best of my	X Yes No X Yes No Sole, a Schedule knowledge and
name a Spons 5a Total i b Total i c Numb compi 6a Were b Are younder if you Caution: A Under pens SB or Sche belief, it is i SIGN HERE SIGN HERE	e, EIN, and the plan number of participants at number of participants at number of participants at per of participants with acted this item)	the beginning of the plan year, the beginning of the plan year, the end of the plan year	the plan year (defined bereligible assets? (See instruct of an independent qualifications.)	refit plans do not ctions.)	4b E 4c F 5a 5b 5c PA) Form 5 se is endort, including and to	500. stablished. luding, if applicative best of my	X Yes No X Yes No Sole, a Schedule knowledge and

Page 2

Form 5500-SF 2012

Pai	t III Financial Information	2.10.00					
7	Plan Assets and Liebilities		(a) Beginning of Yea	2r	I		(b) End of Year
а	Total plan assets	7a	1,14	2,73	6		730,549
	Total plan liabilities	7b	**		0		Ö
C	Net plan assets (subtract line 7b from line 7a)	7c	1,14	2,73	6		730,549
8	Income, Expenses, and Transfers for this Plan Year	XXXXX Y	(a) Amount				(b) Total
а	Contributions received or receivable from:				1		
	(1) Employers	8a(1)	x - x		+-		
	(2) Participants.	8a(2)		- 12	+-		
1.0	(3) Others (including rollovers)	8a(3)	10	3,47	+		
	Other income (loss)	8b	1,0.	2,%/	4		103,477
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+-		103,477
u	to provide benefits)	8d	51!	5,66	4		
е	Certain deemed and/or corrective distributions (see instructions)	8e				Second and	
2 2	Administrative service providers (salaries, fees, commissions)	Bf				-	
255	Other expenses	8g			1		
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1		515,664
	Net income (loss) (subtract line 8h from line 8c)	8i	Managinal Standard		1		(412,187)
	Transfers to (from) the plan (see instructions)	Bj	3		T		
Par	t IV Plan Characteristics						200
	If the plan provides pension benefits, enter the applicable pension 1A 3D If the plan provides welfare benefits, enter the applicable welfare for					-	*****
Рал	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contributed 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	iciary Com	ection Program)	10a		х	
ь	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х	
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		х	
е	Were any fees or commissions paid to any brokers, agents, or oth						
	insurance service or other organization that provides some or all or instructions.)			10e	-	х	1
-	Has the plan failed to provide any benefit when due under the plan			\neg		х	
				10f	-		
9	Did the plan have any participant loans? (If "Yes," enter amount a			10g	-	<u> </u>	
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	***************************************		10h	_	×	
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			101		X	
Part	The state of the s						
11 ——	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						X Yes No
_11a	Enter the amount from Schedule SB line 39					11a	9,139
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or sec	tion 3	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
	If a waiver of the minimum funding standard for a prior year is beingranting the waiver.				and e	nter th Day	ne date of the letter ruling Year
	you completed line 12a, complete lines 3, 9, and 1D of Schedule	Annahir of the Party of the Par			-	44:	
<u>b</u>	Enter the minimum required contribution for this plan year					12b	

PIERCE COUNTY SEC

PAGE 04/10

	Fo	orm 5500-SF 2012 Page 3 -			
C	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ive amount)	12d		
е	Will th	ne 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 "Ye	s," enter the amount of any plan assets that reverted to the employer this year	13a		0
þ		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the or PBGC?			Yes 🛮 No
C	lf duri	ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) is assets or liabilities were transferred. (See instructions.)			
1	3c(1) I	Name of plan(s):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)			·
_			14b T	rust's EIN	

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 1/1/2012

	<u>For Funding</u> <u>Min Max</u>	<u>For 417(e)</u>	For Actuarial Equiv.
Interest Rates	Seg 1 5.54% 5.54%	Seg 1 2.16%	Pre-Retirement 7.00%
	Seg 2 6.85% 6.85%	Seg 2 4.77%	Post-Retirement 5.00%
	Seg 3 7.52% 7.52%	Seg 3 6.05%	
Pre-Retirement			
Turnover	None	None	None
Mortality	None	None	None
Assumed Ret Age	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation
Post-Retirement			
Mortality Male-modified RP2000 combined healthy male projected 27 & 19 yrs Female-modified RP2000 combined healthy female projected 27 & 19 yrs		2012 Applicable Mortality Table from Rev Rul 2006-67	83GAM UNISEX PER GATT
Assumed Benefit Form l	For Funding	Lump Sum	
Calculated Effective Into	erest Rate	6.59%	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Attachment to 2012 Schedule SB, Line 22 - Description of Weighted Average Retirement Age EIN: 91-1705851 PN: 001

Weller Family Limited Partnership Defined Benefit Pension Plan

Weighted Average Retirement Age Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 1/1/2012

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 65 Completion of 5 years of participation service

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 74

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2012

Pension Benefit Guaranty Corporation	▶ File as an attachment to Form 5500 or 5500-SF.					noposiisii		
For calendar plan year 2012 or fiscal p	an year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012					31/2012		
► Round off amounts to nearest de			,					
► Caution: A penalty of \$1,000 will b		report u	nless reaso	onable ca	ause is established			
A Name of plan					B Three-digit			
·					plan number (PN) ▶			001
			c'i pi					
Weller Family Limited 1			efit PI	an	_			
C Plan sponsor's name as shown on I	ne 2a of Form 5500 or 5500-Si	F			D Employer Ide	entificati	on Number	(EIN)
Weller Family Limited 1)artnorchin				91-17058	51		
		Te -					. П.	
E Type of plan: X Single Multipl	e-A Multiple-B	F P	rior year pla	n size: [>	100 or fewer	101-50	00 More	than 500
Part I Basic Information								
1 Enter the valuation date:	Month 1 Day _	1	Year_	2012	_			
2 Assets:					92			
a Market value						2a		1,140,479
b Actuarial value						2b		1,140,479
3 Funding target/participant count to	oreakdown:			(1) N	lumber of participa	nts	(2)	Funding Target
a For retired participants and ber	eficiaries receiving payment		3a			0		0
b For terminated vested participation	ants		3b			0		0
c For active participants:		2.0						
(1) Non-vested benefits			3c(1)					0
(2) Vested benefits			3c(2)					1,378,530
• • • • • • • • • • • • • • • • • • • •			3c(3)			2		1,378,530
d Total			3d			2		1,378,530
4 If the plan is in at-risk status, che	ck the box and complete lines (a) and (t	0)		.Π			
a Funding target disregarding pre	·					4a		
b Funding target reflecting at-risk	• 0.000					41.		
	five consecutive years and disre					4b		
5 Effective interest rate						5		6.59 %
6 Target normal cost						6		0
Statement by Enrolled Actuary								
To the best of my knowledge, the information s accordance with applicable law and regulations	upplied in this schedule and accompanying the my opinion, each other assumption is	ng schedule s reasonabl	es, statements e (taking into a	and attachn	nents, if any, is complete experience of the plan an	and accui	ate. Each presci ble expectations	ribed assumption was applied in) and such other assumptions, in
combination, offer my best estimate of anticipa	led experience under the plan.							
SIGN	C 72 1	/						
HERE	S. Dette	_					10/07/2	2013
Signature of actuary Date								
Lawrence S. Butcher, E.		11-05843						
Туре	Most recent enrollment number							
VERISIGHT, Inc.	(312) 488-6756			3-6756				
	Firm name						number (incl	uding area code)
135 S. Lasalle St.								
Suite 2225								
Chicago IL 60603 Address of the firm								
If the actuary has not fully reflected any	regulation or ruling promulgate	d under	the statute	in compl	eting this schedule	, check	the box and	see 📙

Pa	rt II	Begin	ning of Year	Carryov	er Prefunding Balanc	es						
		-						аггуоver balance		(b) F	Prefundi	ng balance
7 —	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)								0			2,500
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)											
9	Amoun	t remaini	ng (line 7 minus lir	ne 8)					0			2,500
10	Interes	t on line 9	using prior year's	actual ref	tum of							(31)
11	Prior ye	ear's exce	ess contributions to	o be added	d to prefunding balance:							
	a Pres	ent value	of excess contribu	utions (line	38a from prior year)				L			54,464
	b Inter	est on (a) otherwise	using prior year's provided (see ins	effective structions).	interest rate of6.02_%	except						3,279
	c Total	available	at beginning of cur	rent plan y	ear to add to prefunding balan	œ						57,743
	d Port	ion of (c)	to be added to pre	funding ba	alance							57,743
12	Other r	eductions	in balances due	to election	s or deemed elections							22,557
13	Balanc	e at begir	nning of current ye	ar (line 9	+ line 10 + line 11d – line 12)				0			37,655
P	art III	Fun	ding Percenta	ages								
14	Fundin	g target a	ttainment percenta	age							14	80.00 %
15	Adjuste	ed funding	g target attainmen	t percenta	ge						15	80.00 %
16					of determining whether carr						16	%
17	If the c	urrent val	ue of the assets o	f the plan	is less than 70 percent of the	funding targ	et, enter sı	uch percentage			17	%
P	art IV	Con	tributions an	d Liquid	lity Shortfalls							
18	Contrib	outions ma	ade to the plan for	the plan y	ear by employer(s) and emp	loyees:						
	(a) Da		(b) Amount p		(c) Amount paid by	(a) Da (MM-DD-)	te	(b) Amount pa employer(s		(0		nt paid by oyees
(1/	IM-DD-	rrrr)	employer	(S)	employees	(INIINI-DD-1	1111)	employer(s	,		GHIPI	oyees
-							-					
-							_					
					=======================================							
-	Totals ▶ 18(b) 0 18(c)				0							
10	Disease		lover contribution	- 200 inc	structions for small plan with			e beginning of the				
19									19a			0
	401						0					
	b Contributions made to avoid restrictions adjusted to valuation date						0					
20			outions and liquidi			our dajoolou .	o yaraanon					
							*************				Σ	Yes No
	a bid the part have a failuring checken for the pilet year.						Yes 🖺 No					
					omplete the following table a							
_	J 11 1111	5 ZVA 15	. 55, 555 mondon	.c.io dila o	Liquidity shortfall as of e		of this plan	n year				
		(1) 1:	st		(2) 2nd		(3)				(4) 4t	n

Pa	rt V	Assumption	ns Used to Determine	Funding Target and Targe	t Normal Cost				
21				and in government of					
		ment rates:	1st segment: 2nd segment: 3rd segment: N/A, full yield curve used 5 . 54 % 6 . 85 % 7 . 52 % N/A, full yield curve used						used
	b Appl	ا icable month (و	enter code)			21b			0
22						22			74
		ty table(s) (see	evi		scribed - separate	Substitut	te		
		Miscellaneo				hand			
	Has a	change been m	ade in the non-prescribed act	uarial assumptions for the current				d Yes	X No
25				an year? If "Yes," see instructions				Yes	No No
26				Participants? If "Yes," see instruc				Yes	No No
27				er applicable code and see instruc				100	
21	•		_	er applicable code and see instruc		27			
Pa	rt VII	Reconcilia	tion of Unpaid Minimu	ım Required Contribution	s For Prior Years				
28	Unpaid			years		28			0
29				l unpaid minimum required contribu		29			0
30	Remair	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		30			0
Pa	rt VIII	Minimum I	Required Contribution	For Current Year					
31			nd excess assets (see instruct						
	a Targe	et normal cost (line 6)			31a			0
				line 31a		31b			0
32	Amortiz	zation installme	ents:		Outstanding Bala	ince	Installn	nent	
	a Net s	shortfall amortiz	zation installment			275,706			46,794
	b Waiver amortization installment 0								
33	If a wai			ter the date of the ruling letter grar		33			
34	Total fu	unding requiren	nent before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34			46,794
-				Carryover balance	Prefunding bala	nce	Total ba	lance	
35			use to offset funding	0		37,655			37,655
36			10000			36			9,139
	37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date						0		
38	Presen	t value of exce	ss contributions for current ye	ar (see instructions)					
	a Total (excess, if any, of line 37 over line 36)								
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 38b								
39							9,139		
40	40 Unpaid minimum required contributions for all years						9,139		
	40 Unpaid minimum required contributions for all years 40 Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)								
					Variable	<u>'</u>			
41 If an election was made to use PRA 2010 funding relief for this plan: a Schedule elected									
40	b Eligible plan year(s) for which the election in line 41a was made 2008 2009 2010 2011 42 Amount of acceleration adjustment 42								
43	43 Excess installment acceleration amount to be carried over to future plan years								

Attachment to 2012 Schedule SB, Line 22 - Description of Weighted Average Retirement Age EIN: 91-1705851 PN: 001

Weller Family Limited Partnership Defined Benefit Pension Plan

Weighted Average Retirement Age Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 1/1/2012

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 65 Completion of 5 years of participation service

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 74

Shortfall Amortization Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 1/1/2012

		Number of		Value of
	Amortization	Future		Future
Valuation Date	Method	Installments	Installment	Installments
01/01/2012	7-year	7	\$46,794	\$275,706
Total			\$46,794	\$275,706

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 1/1/2012

	<u>For Funding</u> <u>Min Max</u>	<u>For 417(e)</u>	For Actuarial Equiv.
Interest Rates	Seg 1 5.54% 5.54%	Seg 1 2.16%	Pre-Retirement 7.00%
	Seg 2 6.85% 6.85%	Seg 2 4.77%	Post-Retirement 5.00%
	Seg 3 7.52% 7.52%	Seg 3 6.05%	
Pre-Retirement			
Turnover	None	None	None
Mortality	None	None	None
Assumed Ret Age	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation
Post-Retirement			
Mortality Male-modified RP2000 combined healthy male projected 27 & 19 yrs Female-modified RP2000 combined healthy female projected 27 & 19 yrs		2012 Applicable Mortality Table from Rev Rul 2006-67	83GAM UNISEX PER GATT
Assumed Benefit Form l	For Funding	Lump Sum	
Calculated Effective Into	erest Rate	6.59%	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Summary of Plan Provisions Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 1/1/2012

Plan Effective Date January 1, 2003

Plan Year From January 1 to December 31

Eligibility All employees not excluded by class are eligible to enter on the

January 1 nearest the completion of the following requirements:

1 year of service Minimum age 21

Normal Retirement Age All participants are eligible to retire with their full retirement benefit

on the later of the following:

Attainment of age 65

Completion of 5 years of participation

Normal Retirement Benefit Upon normal retirement each participant will be entitled to a benefit

payable in the normal form equal to the following: as follows:

6 percent of compensation times credited years

Credited years are plan years commencing with the year of entry and

ending with the retirement year excluding the following:

Years with less than 1,000 hours

with a maximum of 10 years

Maximum benefit is \$16,667 per month Maximum percent of salary is 100%

Benefit is based on average salary during the final 3 consecutive

years of employment

Early Retirement Age Attainment of age 55

5 years of participation

Early Retirement Benefit Actuarial Equivalence

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit The normal retirement benefit described above calculated based on

salary and/or service on the calculation date, and payable on the

normal retirement date.

Summary of Plan Provisions Plan Year: 1/1/2012 to 12/31/2012 Valuation Date: 1/1/2012

Termination Benefit

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	0
3	0
4	0
5	100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Each participant will be entitled to a minimum accrued benefit equal to the following:

2 percent of average compensation times credited years

Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:

Years with less than 1,000 hours excluding years plan not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

Top-Heavy Normal Form

A benefit payable for the life of the participant

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death