	Form 5500-SF			Report of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service		Benefit d under se	C <b>PIAN</b> ctions 104 and 4065 of the Employe	e	2009
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	ct of 1974	(ERISA), and section 6058(a) of the ode (the Code).		This Form is Open to Public
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance with	n the instructions to the Form 550	0-SF.	Inspection
-		entification Information	2	and and ing	2/31/2	2000
_	calendar plan year 2009 or fisca	single-employer plan		g	2/31/2	
	This return/report is for:	first return/report	final retur	mployer plan (not multiemployer)		one-participant plan
в	This return/report is for:	an amended return/report		•	nthe)	
<b>C</b>		Form 5558		year return/report (less than 12 mo	nuis)	DFVC program
	Check box if filing under:	special extension (enter descriptio		extension		
Pa	art II Basic Plan Inform	nation—enter all requested information	,			
	Name of plan		allon		1b	Three-digit
	ENTERPRISES, INC. 401(K) P/	S PLAN				plan number
					1.	(PN) 🕨
					IC	Effective date of plan 01/01/2003
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-1702601
	CENTRAL AVE N.				2c	Plan sponsor's telephone number 253-852-7608
	T, WA 98032-4521				2d	Business code (see instructions) 541219
	Plan administrator's name and ENTERPRISES, INC.	address (if same as Plan sponsor, er 110 CENTRA		2")	3b	Administrator's EIN 91-1702601
OLUI		KENT, WA 98			3c	Administrator's telephone number 253-852-7608
<b>4</b> I	f the name and/or EIN of the pla	n sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		40	PN
5a	Total number of participants at	the beginning of the plan year			40 5a	4 A
b		the end of the plan year			5b	4
	Total number of participants wi	th account balances as of the end of	the plan y	ear (defined benefit plans do not	50 50	4
6a	· · · · ·	uring the plan year invested in eligibl			50	X Yes No
		e annual examination and report of a			PA)	
		See instructions on waiver eligibility a		,		Yes No
Pa	rt III Financial Informa	er 6a or 6b, the plan cannot use Fo ation	orm 5500-	SF and must instead use Form 55	00.	
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а			7a	28972	5	471973
b	Total plan liabilities		7b		)	
C	Net plan assets (subtract line 7	b from line 7a)	7c	28972	5	471973
8	Income, Expenses, and Transf			(a) Amount		(b) Total
а	Contributions received or received (1) Employers	vable from:	8a(1)	1351	5	
			8a(2)	4880	)	
	(3) Others (including rollovers)		8a(3)			
b	Other income (loss)		8b	11993	3	
С		8a(2), 8a(3), and 8b)	8c		_	182248
d		ollovers and insurance premiums	8d			
е	1 ,	ive distributions (see instructions)	8e			
f		s (salaries, fees, commissions)	8f			
g	Other expenses		8g			
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			0
i	( ) (	8h from line 8c)	8i			182248
j	Transfers to (from) the plan (se	e instructions)	8j			

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

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## Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2J 2K 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Ame	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
С	Was the plan covered by a fidelity bond?	10c	X					30000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х				
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		Х				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					[	Yes	× No
lf y b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- granting the waiver	ctions, th of a	, and e	nter th Day 12b 12c 12d	ne date o	f the le Yea	ır	Ling
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	× No
h	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)						Yes	X No
1	3c(1) Name of plan(s):		130	c(2) El	N(s)		13c(3	<b>)</b> PN(s)
		-						

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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

SIGN	Filed with authorized/valid electronic signature.	06/16/2010	GARY L. JOHNSON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/16/2010	GARY L. JOHNSON
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

	Form 5500-SF	Short Form Annua	il Return/ Benefi	Report of Small Employ t Plan	/ <del>C0</del>		OMB Nos. 1210-011 1210-008
	Internal Revenue Service	This form is required to b	e filed under i	sections 104 and 4065 of the Employ	-80	2	2009
Ent	Department of Labor ployee Benefits Security Administration	Retirement Income Seo.	inty Act of 19) nai Revenue (	74 (ERISA), and section 6058(a) of th Code (the Code).		This Form I	s Open to Public
	Penelon Benefit Guaranty Corporation			th the Instructions to the Form 550	n.e.	Int	spection.
	Annual Report I	dentification Informatio	Π				N
	the calendar plan year 2009 or		2001	9-01-01 and ending	2	009-12-31	
		x single-employer plan	multiple-	employer plan (not multiemployer)		🗌 one-participa	nt plan
8	This return/report is for:	firat return/report	final retu	rn/report			
		en emended return/report	short pla	n year return/report (less than 12 mont	hs)		
	Check box if filing under:	Form 5558	autometi	n extension		DFVC progra	m
_		special extension (enter descri				_	
	Basic Plan Infor	mation enter all requested	Information.				
191	Name of plan				16	Three-digit plan number	
	GLJ ENTERPRISES, INC.	401(K) P/S PLAN				(PN) ►	001
					1c	Effective date of	f plan
22	Pien sponsor's name and addre	es (employer, if for single-employ	(et nien)		26	2003-01-01	
	GLJ ENTERPRISES, INC.	/ h X i i i - Asiñia allhiaù	, <b></b> , <b>-</b> ,)		20	Employer Identif (EIN) 91-170	ncation Number 02601
	110 CENTRAL AVE N.				2c	Plan aponsor's t	elephone number
					-	(253) 852-7	
18   8	XENT	WA 98032-4521				541219	see instructions)
8	Fian coministrations name and : Same	address (If same as plan employe	ir, enter "Same	3")	3b	Administrator's E	EIN
						-	
				Í	3c	Administrator's t	elephone number
•	name, EIN and the plan number	an sponsor has changed since the r from the last return. Sponsor's N	e last return/rej lame	port filed for this plan, enter the	4b	EIN	
		· · · · · · · · · · · · · · · · · · ·					
					4c	PN	
	Total number of participants at i	the beginning of the plan year .		• • • • • • • • • • • • • • •	6a	PN	4
b	Total number of participants at t	the end of the plan year				PN	44
b c	Total number of participants at I Total number of participants with complete this item)	the end of the plan year . h account balances as of the end	of the plan yes	ar (defined benefit plana do not	6a		
b C	Total number of participants at t Total number of participants wit complete this item) Were all of the plan's assets due	the end of the plan year . h account balances as of the end ring the plan year invested in eligi	of the plan yes	ar (defined benefit plana do not	5a 5b 5c		
b C a	Total number of participants at t Total number of participants wit <u>complete this item</u> ) Were all of the plan's assets du Are you claiming a waiver of the	the end of the plan year . h account balances as of the end ring the plan year invested in eligi- ennual examination and report o	of the plan yes	ar (defined benefit plana do not se instructions.)	5a 5b 5c	• • • •	4 4 XYes No
6 C a	Total number of participants at it Total number of participants with complete this item) • • • • Were all of the plan's assets due Are you claiming a waiver of the under 29 CFR 2520.104-46? (S- if you answered "No" to either	the end of the plan year h account balances as of the end ring the plan year invested in eligi- annual examination and report o as instructions on waiver eligibility r 6a or 6b, the plan cannot use i	of the plan yes ble assets? (Se f an Independe r and condition	ar (defined benefit plana do not se instructions.) ant qualified public accountant (IQPA) a.)	5a 5b 5c	• • • •	4
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<u>Form</u>	6800-8 F	(2008)	

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## Plan Characteristics

Sa if the plan provides penalor benefits, enter the applicable penalon feature codes from the List of Plan Characteristic Codes in the instructions: b if the plan provides weifere benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

## Compliance Questions

-	During the plan year:			-			-		
a	Was there a failure to transmit to the size and	butian within the em-	Second also and the	<b></b>	Yee	No		Amount	
ь	29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fic Were there any nonseempt transactions with any participant could	luciary Correction Pro	period described in	100		x			
	Were there any nonexempt transactions with any party-in-intere on fine 10s.)	ist? (Do not include tr	aneactions reported				<u> </u>		
c	Was the plan opvened by a Science to a state			105		X			
đ	Was the plan covered by a fidelity bond?. Did the plan have a loss whatter or pat sales and sales			100	x				30.0
	Did the plan have a loss, whether or not reimbursed by the plan or dishoneaty?	's fidelity bond, that w					1		
	Ware any fees or commising need to say back to			100		X		•	
	Insurance services or other organization that provides some or a instructions.)	ner persons by an ins W of the benefits under	urance carrier,						
ŧ				100		X			
	the bigging in bigging sith penett much due huder the bi	an?		101		x			
9 h	und the plan neve any participant loans? (If "Yas," artier amount	ar of year and y		100		x			
••	2620.101-3.)	' (See Instructions and	29 CFR		-			這是這些事件	的印刷器
1				10n		x			
07177		01-3	one of the						
						_			
	IS INIS & COTINED banefit plan aublect to entries the first	nenta? (If "Yes," see	nstructions and comple	te Sat	aduto				····
2	5500))	<u></u>					orm 	. 🗆 Yee	XNo
	is this a defined contribution plan subject to the minimum funding (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as appli		ion 412 of the Code or a	ection	302 o	f ERI	SA? ,	. 🗌 Yes	-
8	if a waiver of the minimum function standard for a science as approxi-	GRO(8.)							
lat	If a waiver of the minimum funding standard for a prior year is bei granting the waiver III completed line 12a, complete lines 3, 9, and 10 of Schedule	ng amortized in this p	lan year, see Instruction	18, and	enter	the d	ate of the	Hetter ruling	
	a completed line 128, complete lines 3, 9, and 10 of Schedule	MB (Form EROD) and	and an all the state of the sta	-		Day_		Year	h
-	criter use minimum required contribution for this plan year					2b			
	The second of th	a la se su				20			
<b>va</b> (									
					12	bi			
1	Will the minimum funding amount reported on time 12d be met by a Plan Terminations and Transfers of Assets	the funding deadline?	<u></u>		• •	. [	Yes	<b>□</b> ‰	N/A
	as a resolution to terminate the plan been adopted during the plan "Yes," entar the amount of any plan assets that reverted to the a								
	The plan is such as the plan user adopted buing the plan	in year or any prior ye	ar?						1
h	T 53," Shier the amount of any plan assets that reported to the					+			XINO
bν	Vere all the plan assets distributed in participant and		* * * * * * *	• •	13	• [			XINO
<b>b</b> ν ο	Vere all the plan assets distributed to participants or beneficiaries, f the PBGC?	transferred to anothe	r plen, or brought under	the co	13	• [			XINO
b v c #	Vere all the plan assets distributed to participants or beneficiaries, f the PBGC? during this plan year, any assets or isabilities were transforred from hich assets or liabilities were transforred. (See Instructions.)	transferred to anothe	r plen, or brought under	the co	13	• [			
b v - #	Vere all the plan assets distributed to participants or beneficiaries, i the PBGC? during this plan year, any assets or itabilities was a set of the plan.	transferred to anothe	r plen, or brought under	the ac n(s) to	- 13 Pritrol	• /	••	· 🗋Yes	<b>I</b> ₹ No
b v c #	Vere all the plan assets distributed to participants or beneficiaries, f the PBGC? during this plan year, any assets or isabilities were transforred from hich assets or liabilities were transforred. (See Instructions.)	transferred to anothe	r plen, or brought under	the ac n(s) to	13	• /	••		<mark>ж</mark> No
b v c #	Vere all the plan assets distributed to participants or beneficiaries, f the PBGC? during this plan year, any assets or isabilities were transforred from hich assets or liabilities were transforred. (See Instructions.)	transferred to anothe	r plen, or brought under	the ac n(s) to	- 13 Pritrol	• /	••	· 🗋Yes	<mark>ж</mark> No
b v c #	Vere all the plan assets distributed to participants or beneficiaries, f the PBGC? during this plan year, any assets or isabilities were transforred from hich assets or liabilities were transforred. (See Instructions.)	transferred to anothe	r plen, or brought under	the ac n(s) to	- 13 Pritrol	• /	••	· 🗋Yes	X No
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b v c // 130 thon; er pa	Vere all the plan assets distributed to participants or beneficiaries, f the PBGC? during this plan year, any assets or liabilities were transformed from hich assets or liabilities were transformed. (See instructions.) (1) Name of plan(s):	transferred to another m this plan to another t will be sequenced up	r plan, or brought under plan(s), identify the pla	• the co • • • • • • • •	- 13 ontroi  13c(2) tablis	• (  ) EIN (		· []Yes	<mark>ж</mark> No
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