Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	h the instructions to the Form 5500	0-SF.		
		lentification Information					
For	calendar plan year 2009 or fisca	al plan year beginning 01/01/200	9	and ending 1	2/31/2	2009	
Α .	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan
В .	This return/report is for:	first return/report	final retur	n/report		_	
	Ī	an amended return/report	short plan	year return/report (less than 12 mor	nths)		
C	Check box if filing under:	Form 5558		extension		DFVC progra	am
		special extension (enter description				☐ - · · · · · · · · · · · · · · · · · ·	
Do	rt II Pacia Plan Inform	_ ` ` ` ` `	·				
	rt II Basic Plan Inform	nation—enter all requested inform	ation		1h	Three-digit	
	Name of plan ELMAN-DUFF, INC. PROFIT SH	HARING PLAN			10	plan number	
0						(PN) ▶	002
					1c	Effective date o	
						11/01/1	1986
	•	ess (employer, if for single-employer	plan)		2b	Employer Identi	
SIEE	ELMAN-DUFF, INC.				20	(EIN) 93-038	telephone number
1490	FAIR ST.				20	509-75	
	RKSTON, WA 99403-2360				2d	Business code	(see instructions)
						237990	
	Plan administrator's name and ELMAN-DUFF, INC.	address (if same as Plan sponsor, e 1490 FAIR S		e")	3b	Administrator's 93-038	
SILL	LIVIAN-DOLL, INC.	CLARKSTON		03-2360	30		telephone number
)	509-75	
	•	an sponsor has changed since the las		port filed for this plan, enter the	4b	EIN	
-	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			5a		10
_	·					+	18
	, ,	the end of the plan year			5b		0
С		ith account balances as of the end of		The state of the s	5с		0
6a	· · · · · · · · · · · · · · · · · · ·			(See instructions.)			X Yes No
				ndent qualified public accountant (IQI			
				ions.)			X Yes No
D -			orm 5500-	SF and must instead use Form 550	00.		
	rt III Financial Informa	ation					
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End	l of Year
	Total plan assets		7a	485499	,		0
b	•		7b				
<u>C</u>	·	'b from line 7a)	7c	485499)		0
8	Income, Expenses, and Transf			(a) Amount		(b) ⁻	Total
а	Contributions received or recei	vable from:	8a(1)				
			8a(2)	1779	,		
	• • • • • • • • • • • • • • • • • • • •)					
b	, ,			-62555	;		
C	, ,	8a(2), 8a(3), and 8b)		02000			-60776
d	, , ,	rollovers and insurance premiums					301.13
-	to provide benefits)	•	. 8d	424723	3		
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e				
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f				
g	Other expenses		. 8g				
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h				424723
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				-485499
j		ee instructions)					

D (IV/	DI	O L	
Part IV	Plan	Characi	reristics

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D 2F

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

art	V Compliance Questions		_	· <u> </u>			· <u> </u>	
0	During the plan year:		Yes	No		Amoı	ınt	
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		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Χ				
С	Was the plan covered by a fidelity bond?	10c	X				1	20000
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		X				
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		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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						
art 1			0 - 1 1		/ F			
ı	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					П	Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	802 of	ERISA?		Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				_		ı	_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions.	and e	nter th	e date of th	e lette	er rulir	าต
	granting the waiverMon	th						
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Т					
b	Enter the minimum required contribution for this plan year			12b				
	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 negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No)	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>			X	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ntrol		X	Yes	No
С	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.)	ne pla	n(s) to					
1	3c(1) Name of plan(s):		130	(2) EI	N(s)	13	3c(3) l	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	establ	ished.			
nde B o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returner Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this returner.	urn/rep	ort, in	cluding	g, if applica	,		
elief	f, it is true, correct, and complete. Filed with authorized/valid electronic signature. 07/16/2010 WAYNE VAN ZA	NITE						
SICI	Filed with authorized/valid electronic signature. 07/16/2010 WAYNE VAN ZA	INIE						

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

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Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information	1 /07 /0			22/22/22				
_⊢or		1/01/2	009 and ending		12/31/200 -	9 ·			
Α	This return/report is for: X single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participar	ıt plan			
В	This return/report is for: $igcap $ first return/report $igcap $	final retur	n/report						
	an amended return/report	short plar	year return/report (less than 12 mo	nths)					
С	Check box if filing under: Form 5558	automatic	extension		DFVC prograi	n			
	special extension (enter description	on)							
P	Int II Basic Plan Information—enter all requested inform	ation							
	Name of plan			1b	Three-digit				
	Steelman-Duff, Inc. Profit Sharing Plan				plan number				
						002			
				1c	1c Effective date of plan				
22	Plan anapagra name and address (ampleyer if for single ampleyer	رمامه)		2 h	11/01/1986				
40	Plan sponsor's name and address (employer, if for single-employer Steelman-Duff, Inc.	pian)			Employer Identification (EIN) 93-0386				
						lephone number			
	1490 Fair St.				(509)758-3	357			
	G1}		W. 00402 0260	2d	Business code (s	ee instructions)			
3a	Clarkston Plan administrator's name and address (if same as Plan sponsor, e	nter "Same	WA 99403-2360	3h	Administrator's E	ENI			
•	Same	THE CUIT	,		Administrator 5 L	ELA			
				3c Administrator's telephone number					
	f bland and a state of the sales are also also also and also also also also also also also also								
	f the name and/or EIN of the plan sponsor has changed since the la: name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN				
				4c PN					
5a	Total number of participants at the beginning of the plan year			5a		18			
b	Total number of participants at the end of the plan year			5b	5b				
С	Total number of participants with account balances as of the end of	f the plan y	rear (defined benefit plans do not						
	complete this item)			5c		0			
	Were all of the plan's assets during the plan year invested in eligib					X Yes No			
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public accountant (IC ions)	PA)		X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use F								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities	NAS AMOR	(a) Beginning of Year		(b) End	of Year			
а	Total plan assets	. 7a	485,49	9		0			
b	Total plan liabilities	. 7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	485,49	9		0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal			
а	Contributions received or receivable from:			100					
	(1) Employers	, ,							
	(2) Participants	8a(2)	1,77	9					
	(3) Others (including rollovers)	. 8a(3)	,						
b	Other income (loss)		(62,555) (
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		(1) 10040		(60,776)			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	424,72	3					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)								
g g	Other expenses			1					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					424,723			
i	Net income (loss) (subtract line 8h from line 8c)					(485,499)			
i	Transfers to (from) the plan (see instructions)					(100/100/			
	· · · · · · · · · · · · · · · · · · ·	, 01		183863	1997年,我们的这一文化的原则在一种特殊的简单	化化物 化二氯化物 化二氯化物 医电影 医电影 医电影 医电影 医电影 医电影 化二氯化物			

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Page 2-	

Par	t IV	Plan Characteristics							
9a	If th	e plan provides pension benefits, enter the applicable pension feat 2E 2G 2J 2K 3D 2F	ure codes from the	List of Plan Chara	acteris	tic Co	des in	the instruct	tions:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Part	ŧ۷	Compliance Questions							
10	Du	ring the plan year:	-			Yes	No		Amount
	29	s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian	y Correction Progr	am)	10a		Х		
b	We on	re there any nonexempt transactions with any party-in-interest? (D line 10a.)	o not include trans	actions reported	10b		Х		
C	W	as the plan covered by a fidelity bond?			10c	х			120,00
d	Dic or	the plan have a loss, whether or not reimbursed by the plan's fidel dishonesty?	lity bond, that was	caused by fraud	10d		х		
е	VVe ins	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the ructions.)	ersons by an insur e benefits under the	ance carrier, e plan? (See	10e		Х		
f		s the plan failed to provide any benefit when due under the plan?		1	10f		Х		
g		the plan have any participant loans? (If "Yes," enter amount as of							
h	lf t	is is an individual account plan, was there a blackout period? (See	instructions and 2	9 CFR	10g 10h		X X	<u></u>	
i	If 1	Oh was answered "Yes," check the box if you either provided the re eptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or or	ne of the	10ii		11		
art		Pension Funding Compliance							
11	ls ti 550	is a defined benefit plan subject to minimum funding requirements 0))	? (If "Yes," see ins	tructions and comp	plete s	Sched	ule SB	(Form	☐ Yes ☒ No
lf y b c	gra you Ent Ent Sub	waiver of the minimum funding standard for a prior year is being an atting the waiver. completed line 12a, complete lines 3, 9, and 10 of Schedule ME are the minimum required contribution for this plan year. er the amount contributed by the employer to the plan for this plan year tract the amount in line 12c from the amount in line 12b. Enter the attive amount)	yearresult (enter a min	Mont d skip to line 13.	h	[[e letter ruling Year
е	Will	the minimum funding amount reported on line 12d be met by the fu	unding deadline?	***************************************			<u>[</u>	Yes	No N/A
art	VII	Plan Terminations and Transfers of Assets							
За	Has	a resolution to terminate the plan been adopted during the plan ye	ar or any prior yea	ır?		<u></u>	11		X Yes No
		es," enter the amount of any plan assets that reverted to the emplo					13a		
	of t	e all the plan assets distributed to participants or beneficiaries, transe PBGC? uring this plan year, any assets or liabilities were transferred from the chassets or liabilities were transferred. (See instructions.)	••••••				ntrol 		X Yes No
1	3c(1	Name of plan(s):				13c	(2) EII	V(s)	13c(3) PN(s)
								·	
		A penalty for the late or incomplete filing of this return/report v							
Bor	·Sch	alties of perjury and other penalties set forth in the instructions, I diedule MB completed and signed by an enrolled actuary, as well as true, correct and complete.	eclare that I have the electronic vers	examined this return/resion of this return/re	rn/rep eport,	ort, inc	luding the b	, if applicab est of my kr	le, a Schedule nowledge and
SIGN	, [Malh	3 3	Wayne Van Z	ant	e	. "		
IERI	_	Signature of plan administrator	Date 7/2/00	Enter name of inc			ina as	plan admin	istrator
SIGN				· <u>·</u>		3''		proces Garrier	
IERI	-	Signature of employer/plan sponsor	Date	Enter name of inc	lividu	al sign	ing as	employer o	r plan sponsor