	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	<b>PIAN</b> ctions 104 and 4065 of the Employe	e	2009			
Department of Labor         Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Employee Benefits Security Administration           Employee Benefits Security Administration         Internal Revenue Code (the Code).						This Form is Open to Public			
Ρ	ension Benefit Guaranty Corporation	Complete all entries in accord	dance with	n the instructions to the Form 550	00-SF.	Inspection			
	calendar plan year 2009 or fisca	entification Information	2	and anding	12/31/2	2009			
_		single-employer plan		and ending mployer plan (not multiemployer)	12/31/2	one-participant plan			
	This return/report is for:	first return/report	final retur						
Б	This return/report is for:	an amended return/report		year return/report (less than 12 mo	onths)				
C	Check box if filing under:	Form 5558	•	extension	///////////////////////////////////////	DFVC program			
0		special extension (enter descriptio							
Pa	Int II Basic Plan Inform	<b>nation</b> —enter all requested information	,						
	Name of plan				1b	Three-digit			
FOR	D COUNTRY 401(K) SAVINGS	PLAN				plan number (PN) ▶ 001			
					1c	Effective date of plan			
						01/01/1995			
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-1302420			
	TOM DENCHEL FORD COUNT WINE COUNTRY RD	RY			2c	Plan sponsor's telephone number 509-786-2155			
	SSER, WA 99350				2d	Business code (see instructions) 441110			
	Plan administrator's name and CHELS INC.	address (if same as Plan sponsor, er 630 WINE CO			3b	Administrator's EIN 91-1302420			
		PROSSER, V		-	3c	Administrator's telephone number 509-786-2155			
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
I	name, EIN, and the plan number	r from the last return/report. Sponso	r's name		4c	PN			
5a	Total number of participants at	the beginning of the plan year			5a	47			
b	Total number of participants at	the end of the plan year			5b	46			
С		th account balances as of the end of	, ,	, i	5c	16			
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		X Yes No			
b		e annual examination and report of a See instructions on waiver eligibility a				X Yes No			
		er 6a or 6b, the plan cannot use Fo		,					
Pa	rt III Financial Informa	ation							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
a L			7a	36022	6	459137			
a	•	'h from lino 70)	7b 7c	20000	6	150107			
<u> </u>	Income, Expenses, and Transf	'b from line 7a) ers for this Plan Vear	7c	36022 (a) Amount	U	459137 (b) Total			
a	Contributions received or received			(a) Amount		(b) Total			
	(1) Employers		8a(1)						
			8a(2)	4102	3				
h	., ,	)	8a(3)	7000					
b	· · · ·	(2) $(2)$ $(2)$ and $(2)$	8b	7666	6	117689			
c d	Benefits paid (including direct r	8a(2), 8a(3), and 8b) ollovers and insurance premiums	8c 8d	1528	5	117009			
е	· ,	ive distributions (see instructions)	8e	312					
f		s (salaries, fees, commissions)	8f	36					
g	•		8g						
h	•	3e, 8f, and 8g)	8h			18778			
i	Net income (loss) (subtract line	e 8h from line 8c)	8i			98911			
j	Transfers to (from) the plan (se	ee 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 3D
  - 2G 2J 2K 2T 2F
- **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		Amo	unt	
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		x				
С	Was the plan covered by a fidelity bond?	10c	Х				3	000000
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				
e	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		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		x				
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	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 instruct granting the waiver	ctions, th	, and e 	enter th	e date of t			
	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 one negative amount)	of a	Γ	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	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?					Π	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 u of the PBGC?						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):		13	c <b>(2)</b> Ell	N(s)	1	3c(3)	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.	07/27/2010	KRISTI LANGELIERS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Operations of a Turning Number Service Service 10 and Additional Content Service 10 a	Form 5500-SF			Report of Small Emp	loyee		OMB Nos. 1210-0 1210-0
Relinement hiorne Sacutty Act of 1974 (ERSA), and section SOS(a) of the Internal Revence Code (b): Complete all entries in accordance with the Instructions to the Form 5000-SF.         The Form is Open to Public part of the Internal Report Internal Revence Code (b): Complete all entries in accordance with the Instructions to the Form 5000-SF.         The Form is Open to Public part of the Internal Report Internal Report Internal Report Internal Report Internal Report Internation         The Form is Open to Public part of the Internation Internation Internation Internation           C Check box if filing under:         Form 5058         Internative control Internation         Internative control Internation         Internative control Internation           C Check box if filing under:         Form 5058         Internative control Internation         Internative control Internation         Internative control Internation         Internative control Internation           C Check box if filing under:         Form 5058         Internative control Internation         Internative control Internation         Internative control Internation           C Check box if filing under:         Form 5058         Internative control Internation         Internative control Internation         Internative control Internation           C Check box if filing under:         Form 5058         Internative control Internation         Internative control Internation           C Internative Control (k) (k) Savings Plan         Internative control (k) Savings Plan         Internatinternative control (k) Savings Plan <t< th=""><th>Department of the Treasury Internal Revenue Service</th><th></th><th></th><th></th><th>, 1/28</th><th></th><th>2009</th></t<>	Department of the Treasury Internal Revenue Service				, 1/28		2009
Part I       Annual Report Identification Information       Display and anding       Display and and anding       Display and and anding       Display and and and anding       Display and and and anding       Display and and and and and and and anding       Display and	Employee Benefits Security Administration	Retirement Income Security	Act of 197 Revenue C	4 (ERISA), and section 6058(a) of Code (the Code).	the	This Form	is Open to Pub
Per default plan year 2000 r listed plan year heapinning       017/01/2009       and ending       12/31/2009         A This return/report is for:       A main return intermination       Intermination       Intermination         B This return/report is for:       Intermination       Intermination       Intermination         C Check box if filing under:       From 5559       Intermination control on the intermination       ID FVC program         Park III:       Basic Plan Informationenter all requested information       ID Three-digit plan informationenter all requested information         1a Name of them       Park III:       ID Three-digit plan informationenter all requested information         1a Name of them       Description       ID Three-digit plan informationenter all requested information         1b Three-digit plan informationenter all requested information       ID Three-digit plan informationenter all requested information         1a Name of them       ID Three-digit plan informationenter all requested information       ID Three-digit plan information         1b Three-digit plan informationenter all requested information       ID Three-digit plan information       ID Three-digit plan information         2a Description Plan III       Description Plan IIII       ID Three-digit plan information       ID Three-digit plan information         3a Administrator's tange on the last return/report IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		Complete all entries in according to the set of th	rdance wit	h the instructions to the Form	500-SF		abection
A This return/report is for:	For calendar plan year 2009 or fis	cal plan year beginning	01/01/2	2009 and ending		12/31/20	09
B       This return/report       Instructurn/report       Instructurn/report       Instructurn/report         C       Check box if filing unde::       Instructurn/report       Instructurn/report       Instructurn/report         C       Check box if filing unde::       Instructurn/report       Instructurn/report       Instructurn/report         C       Check box if filing unde::       Instructurn/report       Instructurn/report       Instructurn/report         C       Check box if filing unde::       Instructurn/report       Instructurn/report       Instructurn/report         C       Check box if filing unde::       Instructurn/report       Instructurn/report       Instructurn/report         C       Check I and the plan number       Onto       Instructurn/report       Instructurn/report         C       Check I and the plan number       Onto       Instructurn/report       Instructurn/report         C       Check I and the plan number from the last roturn/report       Instructurn/report       Instructurn/report       Instructurn/report         C       Total number of participants at the beginning of the plan sponsor has changed aince the tot the plan year (defined bendif plans do not do the plan year (defined bendif plans do not do the plan year (defined bendif plans do not do the plan year (defined bendif plans do not do the plan year invested in eligible assets? (See Instructons)       Instructons is the plant ward w			7 multiple-	······································		r-1	
C       Check box if filing under:	-	first return/report	-				antplan
C       Check box if fling under:       Form 5668       apacial extension       DFVC program         Part II:       Basic Plan Informationnet all requested information       1b       The sectigit plan informationnet all requested information         1a       Name of plan       Ford Country 401 (k)       Savings Plan       1b       The sectigit plan informationnet all requested information         2a       Atten of plan informationnet all requested information       1c       Effective data of plan informationnet all requested information         2b       Encycle informationnet all requested information       1c       Effective data of plan informationnet all requested information         2b       Encycle informationnet all requested information       1c       Effective data of plan information         2b       Encycle informationnet all requested information       2c       Plan second regulation Number (S0) 10-123242.0         2c       Data informationnet all requested information       informationnet all requested information       2c         3c       Administrator's name and address (If same as Plan sponsor, enter Same')       3b       Administrator's tell         3a       Eggs and number of participants at the addres plan year.       5a       5b       5b         3c       Total number of participants at the addres plan year inverind in din formation and report is addres for data pant	•	an amended return/report	1	•	months)		`
□       geodal extension (enter description)         Part II.:       Basic Plan information—entor all equested information         18 Name of plan       10 Three-digit plan number (P)         20 Country 401 (k) Savings Plan       10 Effective data of plan (O)/1995         21 Abasic Plan information—entor all equested information       10 Effective data of plan (O)/1995         22a After scoregate's name and address (employer, If for single-employer plan)       20 Employer identification Number (O)/1995         23a Total Total Single       Processer       VA 99350         34 Aggs administrator's name and address (if came as Plan aponsor, enter "Same")       3b Administrator's ElN         35a Aggs administrator's name and address (if came as Plan aponsor, enter "Same")       3b Administrator's ElN         35a Total number of participants at the beginning of the plan year	C Check box if filing under:	Form 5558	5		,		am
IParti III Basic Plan Information	Ũ	special extension (enter descripti	1				an
1a Name of plan Ford Country 401 (k) Savings Plan       1b Tree-digt plan number (PN) >       001         2a Plan sponger's pame and address (employer, if for single-employer plan)       2b Employer identification Number (EIN) 91-1302420       2b Employer identification Number (EIN) 91-1302420         2b Strapper identification Number (S30 Wine Country R)       2b Employer identification Number (EIN) 91-1302420       2c Plan sponsor is subprone num (EIN) 91-1302420         3a Plan gamministrator's name and address (if same as Plan sponsor, enter 'Same')       3b Administrator's EIN       3c Administrator's EIN         3a Clan number of participants at the beginning of the plan sponsor has charged since the last rotum/report filed for this plan, enter the name, EIN, and the plan number from the last cotum/report. Sponsor's name       5a       5b         5a Total number of participants at the end of the plan year	Part II Basic Plan Info			an a			
image: constraint of the second se	1a Name of plan			<b>■</b>	1b	Three-digit	1
2a Plan sporso's name and address (employer, if for single-employer plan)       2b Employed leaftification Number (EIN) 31-1302420         2b Can Denchel Pord Country Rd       2c Plan sporso's leafter and sport set inflation Number (EIN) 31-1302420         3a Age administrator's name and address (if same as Plan sponsor, enter 'Same')       3b Administrator's tell sponsor is before num (509) 706-2155         3a Age administrator's name and address (if same as Plan sponsor is before num (509) 706-2155       3c Administrator's tell sponsor is before num (509) 706-2155         4 If the name and/or EIN of the plan sponsor has changed since the test return/roport filed for this plan, enter the name. EIN, and the plan number form the last return/roport filed for this plan, enter the name. EIN, and the plan sponsor is being year.       5a         5a Total number of participants at the edgrinning of the plan year.       5a       5b         5a Total number of participants with account balances as of the end of the plan year (defined bublic accountent (ICPA) under 20 FX 220:01-44 (See instructions).       EV res         5a Ware at of the plan's assets during the plan year invested in eligible assets? (See instructions).       EV res       Sb         5a You claiming a waiver of the arms asset during the plan cannot use Form S508-SF and must instead use Form S500.       EV res       Sc         5a Total number of participants with account balances and the plan waiver of an independent qualified public accountent (ICPA)       EV res       Sc         5a Ware at of the plan's assets during the plan year (addimed bubli	Ford Country 401()	:) Savings Plan					0.01
2a Plan sponsor's name and address (employer, if for single-employer plan)       01/01/1995         2b Plan sponsor's name and address (employer, if for single-employer plan)       2b Employer determination in the state in the sponsor, is telephone numiced in the sponsor's telephone numiced					10		
dba Tom Denchel Ford Country G30 Wine Country Rd       Image: Country Rd       Imag							
dba Tom Denchel Ford Country G30 Wine Country Rd       Image: Country Rd       Imag	2a Plan sponsor's name and add Denchels Inc.	iress (employer, if for single-employe	r plan)		2b	Employer Ident	ification Numbe
630 Wine Country Rd       (509) 786-2155         Prosser       WA 99350         3a Algan administrator's name and address (if same as Plan sponsor, enter "Same")       3b Administrator's telephone numi         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name       4b EIN         5a Total number of participants at the beginning of the plan year       5a         5b Total number of participants with account balances as of the end of the plan year (defined benofit plans do not complete this ltern).       5b         6a Were all of the plan sacets during the plan year invested in eligible assets? (See instructions).       Yes []         b Are you claining a waiver of the annual examination and report of an independent qualified public accountant (IOPA)       Yes []         Part III: [] Financial Information       7a       360, 226       455,         7 Plan Assets and Llabilities       7a       360, 226       455,         7 Ital plan assets (subtract line 7b from line 7a).       7c       360, 226       455,         6 Total plan assets (subtract line 7b from line 7a).       7c       360, 226       455,         7 Ital plan assets (subtract line 7b from line 7a).       8a(1)       (a) Amount       (b) Total         7 Plan Assets (nebulting relovers).       8a(3)       11.7,       360, 226<					20	and the second se	
Prosser       WA 99350       441110         3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b Administrator's EIN         3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3c Administrator's EIN         3d Ham administrator's name and address (if same as Plan sponsor, enter "Same")       3c Administrator's EIN         3d Administrator's telephone numi       4b EIN         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed tor this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name       4b EIN         5a Total number of participants at the end of the plan year.       5a         5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complet this hem).       Sc Processor         6a Wore all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Sc Processor         6a Wore all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Sc Processor         7b Acry to eliming a water of the annual examination and report of on independent qualified public accountant (IQPA)       Yes []         Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         7 total plan assets (subtract line 7b from line 7a).       7c       360, 226       459, 7b         6 Total plan libibities <td< td=""><td>630 Wine Country F</td><td>Ad Country</td><td></td><td></td><td>. 20</td><td>(509)786-</td><td>2155</td></td<>	630 Wine Country F	Ad Country			. 20	(509)786-	2155
3a Plan administrator's name and address (if same as Plan eponsor, enter "Same")       3b Administrator's EIN         3c Administrator's name and ddress (if same as Plan eponsor, enter "Same")       3b Administrator's EIN         3c Administrator's EIN       3c Administrator's EIN         3d Plan administrator's telephone numi       3c Administrator's telephone numi         4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number form the last return/report. Sponsor's name       4b EIN         5a Total number of participants at the beginning of the plan year.       5a         5 Total number of participants at the and of the plan year.       5a         6 Total number of participants at the and of the plan year invested in oligible assets? (See instructions.)       Set [So         6 Total number of participants at the adminition and report of an independent qualified public accountant (IQPA)       Yes []         9 Mere all of the plan's assets during the plan year invested in oligible assets? (See instructions.)       Yes []         9 Administrator's EIN       Yes []         9 Total number of participants at the sea of the plan year invested in oligible assets? (See instructions.)       Yes []         9 and the plan sasset and Libbilities       7a       360,226       459,         9 Total plan assets and Libbilities       7a       360,226       459,         9 Income, Expensee, a	Prosser				2d	Business code	(see instruction
4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number from the last return/report. Sponsor's name       3c       Administrator's telephone numi         5a       Total number of participants at the beginning of the plan year.       5a       5b       5c         c. Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this them).       5b       5c         6a       Were all of the plan's assets during the plan year invested in oligible assets? (See instructions.)       Sr yes ]       Sr yes ]         7a       Stop 2002 (ST 2520.104.407) (See ther factors on waver of diplicity and crist 2012 (See instructions on waver of diplicity and crist 2012 (See instructions on waver of diplicity and crist 2012 (See instructions on waver of diplicity and crist 2012 (See instructions on waver of diplicity and crist 2012 (See instructions on waver of diplicity and crist 2012 (See instructions on waver of diplicity and crist 2012 (See instructions on waver of diplicity and crist 2014 (See instructions on waver of diplicity and crist 2014 (See instructions on waver of diplicity and crist 2014 (See instructions on waver of the plan sasets and Liabilities instructions on waver of the plan sasets and Liabilities instructions on waver of the plan test instructions on waver of the plan saset (subtract line 7b from line 7a).       7c       360, 226       459, for the plan institutions (See instructions)         6       Income, Expenses, and Transfers for this Plan Year       7c       360, 226       459, for totel plan liabilities		d address (if same as Plan sponsor, (	enter "Sam	WA_99350 e")	3h		FIN
4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name       4b       EIN         5a       Total number of participants at the beginning of the plan year	OHIL			- <b>/</b> .		· anniorator o	houli 1
name, EIN, and the plan number from the last return/report. Sponsor's name     4c     PN       5a     Total number of participants at the beginning of the plan year     5a       b     Total number of participants at the end of the plan year     5b       c     Total number of participants at the end of the plan year     5c       complete this item).     5c     5c       6a     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     5c       5a     5c     5c       5a     50.52       5a					30	Administrator's	telephone numi
Amount       4c       PN         5a       Total number of participants at the beginning of the plan year       5a         5.       5b       5c         5.       5c       5c	4 If the name and/or EIN of the p	lan sponsor has changed since the la	ast return/re	eport filed for this plan, enter the		EIN ···	,
5a       5a       5a         b       Total number of participants at the end of the plan year	name, EIN, and the plan numb	er from the last return/report. Sponso	or's name			· · ·	·
b       Total number of participants at the end of the plan year	5a Total number of participants a	at the beginning of the plan year			*****		······································
c       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						-	
complete this item)	C Total number of participants	with account balances as of the end o	of the plan	vear (defined benefit plans do not			
b       Are you claiming a weiver of the annual examination and report of an independent qualified public accountant (IQPA)       Image: Comparison of the comparison of thecomparison of thecomparison of the comparis	complete this item)						
If you answerd "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a Total plan assets.       7a       360,226       459,         b Total plan liabilities       7c       360,226       459,         c Net plan assets (subtract line 7b from line 7a)       7c       360,226       459,         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a Contributions received or receivable from:       (1) Employers       8a(1)       (a) Amount       (b) Total         (2) Participants       8a(2)       41,023       8a(3)       10,0000       117,         d Benefits paid (Including rollovers)       8b       76,666       117,         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       117,       362         b Other income (loss)       8d       15,285       117,         c Total indeemed and/or corrective distributions (see instructions)       8e       3,125       117,         d Benefits paid (Including direct rollovers and insurance premiums to provider selates, fees, commissions)       8f       368       368         g Other expenses	b Are you claiming a waiver of	the annual examination and report of	f an indepe	ndent qualified public accountant	(IOPA)	· · ·	· · · · · · · · · · · · · · · · · · ·
7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       360,226       459,         b       Total plan liabilities       7c       360,226       459,         c       Net plan assets (subtract line 7b from line 7a)       7c       360,226       459,         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       (b) Total         (2)       Participants       8a(2)       411,023         (3)       Other income (loss)       8a(3)       360,226       117,         b       Other income (loss)       8a(3)       360,226       117,         c       Participants       8a(3)       360,226       117,         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8c       317,25         e       Certain deemed and/or corrective distributions (see instructions)       8e       3,125         f       Administrative service providers (salaries, fees, commissions)       8f       368         g       Other expenses       8g       368         g       Other expenses (add lines 8d, 6e, 8f	If you answered "No" to eit	her 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form	5500.		
a Total plan assets       7a       360,226       459,         b Total plan liabilities       7b       7c       360,226       459,         c Net plan assets (subtract line 7b from line 7a)       7c       360,226       459,         8 Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a Contributions received or receivable from:       8a(1)       (a) Amount       (b) Total         (2) Participants       8a(2)       41,023       41,023         (3) Others (including rollovers)       8a(3)       8a(3)       117,         b Other income (loss)       8a(1), 8a(2), 8a(3), and 8b)       8c       117,         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       15,285         e Certain deemed and/or corrective distributions (see instructions)       8e       3,125         f Administrative service providers (salaries, fees, commissions)       8f       368         g Other expenses       8g       18,         h Total expenses (add lines 8d, 6e, 8f, and 8g)       8h       18,         j Transfers to (from) the plan (see instructions)       8j       98,	and the second	ation					
b       Total plan liabilities       7b         c       Net plan assets (subtract line 7b from line 7a)       7c       360,226       459,         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       (a) Amount       (b) Total         (2)       Participants       8a(2)       41,023       (a) Amount       (b) Total         (3)       Others (including rollovers)       8a(3)       8a(3)       (b) Total       (c) Participants       (c						(b) Enc	
c       Net plan assets (subtract line 7b from line 7a)				360,	226	•	459,
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       8a(1)       (a) Amount       (b) Total         (2)       Participants       8a(2)       41,023       4	•			260	226		450
a Contributions received or receivable from:       a Contributions received or receivable from:       b City and a c					220	(J	
(2) Participants       8a(2)       41,023         (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b       76,666         C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       117,         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       15,285         e Certain deemed and/or corrective distributions (see instructions)       8e       3,125         f Administrative service providers (salaries, fees, commissions)       8f       368         g Other expenses       8g       18,7         i Net income (loss) (subtract line 8h from line 8c)       8h       18,7         j Transfers to (from) the plan (see instructions)       8j       98,7		eivable from:	<u> - 170 (1997)</u>			(a) 	
(3) Others (including rollovers)	a Contributions received or rec						shrani an ortani Shrani an Araberta Shrani an Araberta
b       Other income (loss)	a Contributions received or received (1) Employers			41.	023		
c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       117,         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       15, 285         e       Certain deemed and/or corrective distributions (see instructions)       8e       3, 125         f       Administrative service providers (salaries, fees, commissions)       8f       368         g       Other expenses       8g       18,         i       Net income (loss) (subtract line 8h from line 8c)       8i       98,         j       Transfers to (from) the plan (see instructions)       8j       8j	<ul> <li>a Contributions received or reco</li> <li>(1) Employers</li> <li>(2) Participants</li> </ul>			+ - /		和法律的行为法律法	
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<ul> <li>a Contributions received or recover (1) Employers</li></ul>	s)	. 8a(3)				https://www.inchi.com/activestation
to provide benefits)       8d       15,285         e       Certain deemed and/or corrective distributions (see instructions)       8e       3,125         f       Administrative service providers (salaries, fees, commissions)       8f       368         g       Other expenses	<ul> <li>a Contributions received or rec.</li> <li>(1) Employers</li></ul>	s)	. 8a(3) . 8b		666		
f       Administrative service providers (salaries, fees, commissions)	<ul> <li>a Contributions received or rec.</li> <li>(1) Employers</li></ul>	s) , 8a(2), 8a(3), and 8b) rollovers and insurance premiums	<u>8a(3)</u> <u>8b</u> . <u>8c</u>		666		117,
g     Other expenses     8g       h     Total expenses (add lines 8d, 8e, 8f, and 8g)     8h       i     Net income (loss) (subtract line 8h from line 8c)     8i       j     Transfers to (from) the plan (see instructions)	<ul> <li>a Contributions received or rec.</li> <li>(1) Employers</li></ul>	s) , 8a(2), 8a(3), and 8b) rollovers and insurance premiums	. 8a(3) . 8b . 8c . 8d	76, 15,	285		<u>117,</u>
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       18,         i       Net income (loss) (subtract line 8h from line 8c)       8i       98,         j       Transfers to (from) the plan (see instructions)	<ul> <li>a Contributions received or recover (1) Employers</li></ul>	s) , 8a(2), 8a(3), and 8b) t rollovers and insurance premiums ctive distributions (see instructions)	8a(3) 8b 8c 8c 8d 8e	76, 15, 3,	285 125		117,
i     Net income (loss) (subtract line 8h from line 8c)	<ul> <li>a Contributions received or recover (1) Employers</li></ul>	s) , 8a(2), 8a(3), and 8b) rollovers and insurance premiums ctive distributions (see instructions) ers (salaries, fees, commissions)	. 8a(3) . 8b . 8c . 8d . 8e . 8f	76, 15, 3,	285 125		117;
j Transfers to (from) the plan (see instructions)	<ul> <li>a Contributions received or rec.</li> <li>(1) Employers</li></ul>	s) , 8a(2), 8a(3), and 8b) t rollovers and insurance premiums ctive distributions (see instructions) ers (salaries, fees, commissions)	. 8a(3) . 8b . 8c . 8c . 8d . 8e . 8f . 8g	76, 15, 3,	285 125		
For Paperticity Bodyndan Ast Matter	<ul> <li>a Contributions received or rec.</li> <li>(1) Employers</li></ul>	s) , 8a(2), 8a(3), and 8b) t rollovers and insurance premiums ctive distributions (see instructions) ers (salaries, fees, commissions) 8e, 8f, and 8g)	. 8a(3) . 8b . 8c . 8d . 8d . 8d . 8f . 8g . 8h	76, 15, 3,	285 125		.18,
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (20	<ul> <li>a Contributions received or rec.</li> <li>(1) Employers</li></ul>	s) , 8a(2), 8a(3), and 8b) rollovers and insurance premiums clive distributions (see instructions) ers (salaries, fees, commissions) 8e, 8f, and 8g) he 8h from line 8c)	. 8a(3) . 8b . 8c . 8d . 8e . 8f . 8f . 8g . 8h . 8h . 8i	76, 15, 3,	285 125		

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Form 5500-SF 2009 Page 2-			• *		•	، ب <sub>ا</sub> ر. ۱	,
Part IV Plan Characteristics					· ·		
9a - If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch	racteri	stic Co	des in	the ins	structio	ons:	
2E 2F 2G 2J 2K 2T 3D						• •	
b off the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	racteris	tic Coo	des in	the ins	strucțio	ns:	
Part V Compliance Questions					<del></del>		
10 During the plan year:		Yes	No		Δ	mount	
a Was there a failure to transmit to the plan any participant contributions within the time period described i 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		x				
C Was the plan covered by a fidelity bond?	100	x		+		3 0	00,0
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frauc or dishonesty?			x	-		5,0	00,0
e 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?			x				
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10f	├──┤					
${f h}$ . If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g	 .	X	运用的	<u>Paran</u> u	网络哈马马	
2520.101-3.)i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u>10h</u>	· · · ·	X				
exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X	能包括	國際		
Part VI Pension Funding Compliance							
<ul> <li>11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co 5500))</li> <li>12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and constructions and constructions and constructions and constructions and constructions and constructions are constructed in this plan year.</li> </ul>	le or se	ection 3	302 of	ERISA	 \?	Yes	s X
<ul> <li>12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.</li> <li>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13</li> </ul>	uctions	ection 3 , and e	302 of enter tr Day	ERISA	 \? e of the	Yes	s 🛛 i
<ul> <li>12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Condition (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.</li> <li>If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13:</li> <li>b Enter the minimum required contribution for this plan year.</li> </ul>	de or se uctions onth	, and e	302 of enter th Day 12b	ERISA	 \? e of the	Yes letter n	s X 1
<ul> <li>12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Con (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver</li></ul>	le or se uctions onth 3.	, and e	302 of enter tr Day	ERISA	 \? e of the	Yes letter n	s X 1
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<ul> <li>12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Con (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver</li></ul>	de or se uctions nth a.		302 of enter th Day 12b 12c 12d	ERISA		letter n ear No	illing
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<ul> <li>12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr granting the waiver</li></ul>	le or se uctions, onth a. ft of a	and e	302 of enter th Day 12b 12c 12d  13a ontrol	ERISA		No	
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<ul> <li>12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr granting the waiver</li></ul>	t under	and e	302 of enter th Day 12b 12c 12d  13a ontrol  c(2) El establ	ERISA he date	es	No Yes No Yes 13c(3 A	3) PN(s
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boold         12       Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)         a       If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 12: b Enter the minimum required contribution for this plan year.         c       Enter the amount contributed by the employer to the plan for this plan year.         d       Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lengative amount)         e       Will the minimum funding amount reported on line 12d be met by the funding deadline?         e       Will the minimum funding amount reported on line 12d be met by the funding deadline?         e       Will the minimum funding amount reported on line 12d be met by the funding deadline?         e       Will the minimum funding amount reported on line 12d be met by the funding deadline?         e       Will the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBoC?         c       If during this plan year, any assets or liabilities were transferred from this plan to another plan, or brough of the PBoC?         c       If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferre	tunder tunder tunder tunder tunder tunder tunder tunder tunder tunder tunder tunder tunder	and e	302 of enter th Day 12b 12c 12d 12d  13a ontrol  c(2) El establ coludin to the b	ERISA he date	e of the ss pplicabl my kn	No No Yes I Strator	x i ulling x n/ x n/ x n/ x n/ x n/ x n/ x n/ x n/