## 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).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	Complete all entries in accor	dance wit	h the instructions to the Form 5500	)-SF.	1
	rt I Annual Report Identification Information				
For	calendar plan year 2009 or fiscal plan year beginning 02/01/200	9	and ending 0	1/31/2	2010
Α.	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan
	This return/report is for: first return/report	final retur	n/report		
	an amended return/report	short plan	year return/report (less than 12 mor	nths)	
С	Check box if filing under: Form 5558	automatio	extension		DFVC program
	special extension (enter description	on)			
Pa	rt II Basic Plan Information—enter all requested inform				
	Name of plan	ation		1b	Three-digit
	MOTIVATION, INC PROFIT SHARING PLAN				plan number
	,				(PN) • 001
				1c	Effective date of plan
					02/01/1993
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number
JINF	MOTIVATION, INC.			2c	(EIN) 91-1645559 Plan sponsor's telephone number
PO B	OX 141124				Than openion of telephone namber
SPO	(ANE VALLEY, WA 99214-1124			2d	Business code (see instructions)
0 -				01	424990
	Plan administrator's name and address (if same as Plan sponsor, e MOTIVATION, INC. PO BOX 141		e")	30	Administrator's EIN 91-1645559
0141			A 99214-1124	3c	Administrator's telephone number
	the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
I	name, EIN, and the plan number from the last return/report. Sponso	or's name		4c	PN
5a	Total number of participants at the beginning of the plan year			<del>-10</del>	
b	Total number of participants at the end of the plan year				2
	Total number of participants at the end of the plan year			5b	2
С	complete this item)		The state of the s	5с	2
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		X Yes No
	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		•		X Yes   No
D-	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	00.	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
	Total plan assets	. <u>7a</u>	431180	)	403825
b	Total plan liabilities			_	40005
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7с	431180	)	403825
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	. 8a(1)			
	(2) Participants	- '		┪	
	(3) Others (including rollovers)			┪	
b	Other income (loss)		-27355	_	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		2.333		-27355
d	Benefits paid (including direct rollovers and insurance premiums				2.333
_	to provide benefits)	. 8d			
е	Certain deemed and/or corrective distributions (see instructions) $\dots$	. 8e			
f	Administrative service providers (salaries, fees, commissions)	. 8f			
g	Other expenses	. 8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				
i	Net income (loss) (subtract line 8h from line 8c)				-27355
i	Transfers to (from) the plan (see instructions)				

Part IV	Plan	Characteristic	٠.
rall IV	- FIAII	CHALACIERISII	

SIGN HERE

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 3D

D I	rtn	e pian provides weirare benefits, enter the applicable weirare featur	ire codes from the L	list of Pian Charac	cterisi	ic Co	ies in	ine instruct	ions:	
Part '	٧	Compliance Questions								
10	Dui	ing the plan year:	_		Yes	No		Amount		
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)						X			
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)		· ·	10b		X			
С	Was the plan covered by a fidelity bond?						X			
		the plan have a loss, whether or not reimbursed by the plan's fideli			10d		X			
	ins	re any fees or commissions paid to any brokers, agents, or other per per ance service or other organization that provides some or all of the ructions.)	e benefits under the	plan? (See	10e		X			
f	Has	s 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 y	year end.)		10g		X			
		is is an individual account plan, was there a blackout period? (See 20.101-3.)		) CFR	10h		X			
		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i		X			
Part \	۷I	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements?							Пу	s X No
		0))his a defined contribution plan subject to the minimum funding requ							Yes	
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 of the Code	01 36	Clion	JUZ UI	LINIOA:	□	, 🗆
		waiver of the minimum funding standard for a prior year is being an		year, see instruc	tions,	and e	enter th	e date of th	ne letter r	uling
	granting the waiver Month Day Year									
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB		•		Г	12b			
		er the minimum required contribution for this plan year					12c			
d	Sub	er the amount contributed by the employer to the plan for this plan y stract the amount in line 12c from the amount in line 12b. Enter the r ative amount)	result (enter a minu	us sign to the left o	of a		12d			
	·	the minimum funding amount reported on line 12d be met by the fu						Yes	No	N/A
Part \		Plan Terminations and Transfers of Assets	g							
13a	Has	a resolution to terminate the plan been adopted during the plan year	ear or any prior yea	r?					Yes	s X No
		'es," enter the amount of any plan assets that reverted to the emplo					13a		1	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  Yes X No									
		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	e plaı	n(s) to			•	
13c(1) Name of plan(s):						<b>13c(2)</b> EIN(s) <b>13c(3)</b>			<b>3)</b> PN(s)	
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed υ	ınless reasonabl	e cau	se is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	F	iled with authorized/valid electronic signature.	07/31/2010	JOSEPH A. FOGL	_IO					
UEDE					dividu	ividual signing as plan administrator				

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF	Short Form Annual Ret	turn/Report o	f Smell Em	ployee	OMB No	s. 1210-0110	
Department of the Treasury informal Revenue Service	} Be	1210-008					
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections			and 4065 of th and section 60	e Employee	2009		
internal Revenue Code (the Code).							
Pert Annual Repo	► Complete all entries in accordance of Identification Information	ce with the instr	uctions to the	Form 5500-SF.	to Public I		
For calendar plan year 2009 or f	<del></del>	1,0000					
A This return/report is for:		/2009		ending (	<u>01/31/201</u>	0	
B This return/report is for:		multiple-employer		iemployer) [	_ one-participant	plan	
- moretary oport is for.	; , , , , , , , , , , , , , , , , , , ,	final return/report					
C Check box if filing under:		short plan year re automatic extens					
Thomas and a second	Special extension (enter description		ion	L	DFVC program		
Part II Besic Plan In	formation - enter all requested infor	mation					
1a Name of plan			11	7 Three-digit	<del>-</del> -	<del></del>	
JNF MOTIVATION,	INC PROFIT SHARING P	LAN	1 "	plan number	(PN)	001	
			10	Effective date	e of plan	001	
					1/1993		
28 Plan sponsor's name and a	ddress (employer, if for single-employer	plan)	21		ntification Numbe	r (EIN)	
JNF MOTIVATION,	INC.				L645559		
DO DOW 141104			20	Plan sponsor	's telephone num	ber	
PO BOX 141124							
SPOKANE VALLEY	F73 00014 1404		20		le (see instruction	s)	
	WA 99214-1124		<del></del>	4249			
SAME	nd address (if same as Plan sponsor, er	nter "Same")	3	Administrator	's EIN		
Dimin			100				
			300	Administrator	's telephone num	ber	
4 if the name and/or EIN of the	plan sponsor has changed since the las	t return/report file	of for this	EIN			
plan, enter the name, EIN, and	the plan number from the last return/re	port. Sponsor	t t	EIN			
		,	·	: PN			
5a Total number of participants	at the beginning of the plan year		5a		2	<del></del>	
b Total number of participants	at the end of the plan year	***********	5b		2		
C Total number of participants	with account balances as of the end of	the plan year (de	fined				
benefit plans do not complet	te this item)		5c		2		
b Are you claiming a waiver of	during the plan year invested in eligible	assets? (See inst	tructions.)	**************	X Yes	No	
/IOPA\ under 20 OFD 2520 4	the annual examination and report of ar	independent qu	alified public a	ccountant			
If you snewered "Not to six	04-46? (See instructions on waiver eligit	bility and conditio	ns.)		Yes	No	
Part III Financial Info	her 6a or 6b, the plan cannot use Form	m 5500-SF and m	nust instead u	se Form 5500,			
7 Plan Assets and Liabilities		Maria	(a) Booise	ing of Year	#1.1 m _ 1		
		7a	(a) Deginn	431180	(b) End of		
h = 1 -1 -1 -1 -1 -1 -1	***************************************		<del></del>	<b>431100</b>		403825	
C Net plan assets (subtract line	75 from line 7a)	76		431180	<del></del>	403825	
B Income, Expenses, and Trans	sters for this Plan Year		(a) Ai	nount	(b) Tot		
Contributions received or received							
(1) Employers		8a(1)					
(2) Participants		8a(2)					
(3) Others (including rollovers	)	8a(3)					
C Total income (add lines 8a/1)	SEE STATEMENT 1	8b		-27355		PER SECURIO	
d Benefits paid (including direct rol	. 8a(2), 8a(3), and 8b)	8c				<u>-27355</u>	
Sentants paid (including direct for     Certain deemed and/or corre-	lovers and insurance premiums to provide be ctive distributions (see instructions)	enefits) 8d	···				
f Administrative service provide	ers (salaries, fees, commissions)	8e	<del></del>				
	ars (Salates, 1965, COMMISSIONS)			<del></del>			
	8e, 8f, and 8g)	8g 8h					
i Net income (loss) (subtract lin	e 8h from line 8c)	8i				-27355	
Transfers to (from) the plan (s	ee instructions)	8i				<u> </u>	
· · · · · · · · · · · · · · · · · · ·					The second secon		

	Form 5500-SF (2009)	Page	2-		<u> </u>		
Pa	↑ N Plan Characteristics						
9e	If the plan provides pension benefits, enter the applicable pension feature codes from the List of	of Plan (	Charac	terist	c Code	s in the in	structions:
2E	2G 3D					/ <b>-</b>	
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of	Pian Ct	naracte	ristic	Codes	in the ine	muctione:
_	the president from the first and the appropriate from a society and the transfer of		7CE WC 11	A DUC	000	W1 (110 H35	udenoris.
Pa	tV Compliance Questions						
10	During the plan year:	<del></del> .	Van	Ma			
	Was there a failure to transmit to the plan any participant contributions within the time period described		Yes	No		Amou	ını
•	in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)	10-		X			
		10a		Δ_			
J	Were there any nonexempt transactions with any party-in-interest? (Do not include	1	i i	v			
_	transactions reported on line 10a.)	10b		X			<del></del>
C	Was the plan covered by a fidelity bond?	10c		X			
u	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			
8	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance		i l				
	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?	101		X			
9	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				18 42		
	and 29 CFR 2520.101-3.)	10h		X	2.092		Y 2
i	If 10h was answered "Yes," check the box if you either provided the required notice or one				wasta.		
	of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		X		(c) X espen	
Per	t VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction	ns and	compl	ete			
	Schedule SB (Form 5500))		•			. 🛮 Yes	X No
12	is this a defined contribution plan subject to the minimum funding requirements of section 412						
	section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				_
_	ruling granting the waiver. Month					Year	
16	you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to					-	
				12b			
	Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan year			12c			
			····· }	126			<del></del>
•	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign			40.4			
_	the left of a negative amount)			12d		П.,	
100 Sept. 100	Will the minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets			114	<b>6</b> 5	No	N/A
138	Has a resolution to terminate the plan been adopted during the plan year or any prior year?				********	. LYes	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 brou	ght				
	under the control of the PBGC?		********			. Yes	
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s)	, identif	y the p	ian(s)	to which	ch assets	or
	fiabilities were transferred. (See instructions.)						
1	3c(1) Name of plan(s):	1	(2)	EIN(s)		13c	(3) PN(s)
						1	
						ļ. <u></u> .	
						<u> </u>	
Cau	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless	reason	able c	ause	is esta	blished.	
	penalties of gotjury and other penalties set fosth in the instructions, I declare that I have examined this return/seport, including, if a				or Schedu	ie MB comp	ioted and
	by an embilied actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true						
81G)	81	OGI.	10				
HER	Signature of plan administrator Date Enter name of individ			plan	adminis	trator	
ela	71 I						
HER	Signature of employer/plan sponsor Date Enter name of individ	ual sign	ing as	empl	oyer or	plan spor	nsor