	Form 5500-SF	OMB Nos. 1210-0110 1210-0089								
	Department of the Treasury Internal Revenue Service		Benefit	ctions 104 and 4065 of the Employe		2009				
Er	Department of Labor nployee Benefits Security Administration	e This Form is Open to Public								
Ρ	ension Benefit Guaranty Corporation	Complete all entries in accord	dance with	the instructions to the Form 550	0-SF.	Inspection				
		entification Information				2000				
_	calendar plan year 2009 or fisca				2/31/2					
	This return/report is for:		•	mployer plan (not multiemployer)		one-participant plan				
B	This return/report is for:		final retur	·						
_				year return/report (less than 12 mc	nths)					
C	Check box if filing under:	Form 5558		extension		DFVC program				
	special extension (enter description)									
		nation—enter all requested informa	ation		16	Three-digit				
	Name of plan IER VIEW WATER CO., INC. 4					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) 91-1464595				
P.O.	BOX 44427				2c	Plan sponsor's telephone number 253-537-6634				
	DMA, WA 98444				2d	Business code (see instructions) 312110				
	Plan administrator's name and IER VIEW WATER CO., INC	address (if same as Plan sponsor, er P.O. BOX 444	427	3")	3b	Administrator's EIN 91-1464595				
_		TACOMA, W/		<b>3c</b> Administrator's telephone number 253-537-6634						
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
I	name, EIN, and the plan numbe	r from the last return/report. Sponsor	r's name		<b>4c</b> PN					
5a	Total number of participants at	the beginning of the plan year			5a	118				
b	Total number of participants at	the end of the plan year			5b	117				
C		th account balances as of the end of		· · · · ·	5c	91				
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b	<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
Pa	rt III Financial Informa		500-							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a	153835	0	2334601				
b	Total plan liabilities		7b		0					
С	Net plan assets (subtract line 7	b from line 7a)	7c	153835	0	2334601				
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount	_	(b) Total				
а	Contributions received or recei	vable from:	8a(1)	2588	6					
	., .,		8a(2)	26296	-					
			8a(3)		-					
b			8b	51976	7					
с		8a(2), 8a(3), and 8b)	8c			808620				
d	Benefits paid (including direct i	ollovers and insurance premiums	8d	1236	9					
е	,	ive distributions (see instructions)	8e							
f		s (salaries, fees, commissions)	8f							
g	Other expenses		8g							
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h			12369				
i	Net income (loss) (subtract line	e 8h from line 8c)	8i			796251				
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 3D 2G 2J 2K 2T
- **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		Amount		
а								
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				160000	
d								
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				4640	
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				10332	
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						
Part	VI Pension Funding Compliance							
11								
а	<ul> <li>12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (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 enter the date of the letter ruling granting the waiver</li></ul>							
b	Enter the minimum required contribution for this plan year		12b					
С	Enter the amount contributed by the employer to the plan for this plan year		12c					
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Ye	s X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
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.)							
13c(1) Name of plan(s):					N(s)	13c(	<b>3)</b> PN(s)	
		1						

## 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.	08/17/2010	DOUGLAS R FISHER				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	08/17/2010	DOUGLAS R FISHER				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

Line of Research Standard     Second Stan	Form 5500-SF Short Form Annual Return/Report of Small Em Benefit Plan						OMB Nos. 1210-0110 1210-0089				
Terpose form a mark decame         Internal Revenue Code (the Code).         Internal Revenue Code (the Code).           Prevenue terut decame         - Complexe all entities in a accordance with the instructions to the Form 5600-SF.         Internal Revenue Code (the Code).           Part III.         Annual Report Identification Information         - Complexe all entities in a accordance with the instructions to the Form 5600-SF.         - Complexe all entities in accordance with the instructions to the Form 5600-SF.           A This return/report is for:         Imark density of the code of the part of the form formation (enter decampted)         - Code of the code of the part of the form formation.           B Than extrum/report is for:         Imark density of the code of the part of the formation.         - Devant begin the formation of the form formation.           Part III         Basic Plan Information — entre all counseld information.         - Devant of the part of the p	Internal Revenue Service This form is required to be filed				ctions 104 and 4065 of the Employe	2009					
Present Control Contrel Control Control Control Control Control Control			Retirement Income Security A	ct of 1974	(ERISA), and section 6058(a) of the	This Form is Open to Public					
Part III       Annual Report Identification Information       2009-01-03       and ending       2009-12-31         A This returninguet is for:       indice-employer plan       Institution provide in the state of the plan sponsor has marked entropeot       In one participant plan       Institution provide in the state of the plan sponsor has during the employer plan (institution plan operative)       Institution plan sponsor has the sponsor has during the plan sponsor has duri			-SF	Insp	pection.						
A The instructiveport is for:	P	art I Annual Report lo		ance with			1				
B       This return/report       Interterun/report       Interterun/report         C       Check box if fing under       Interterun/report       Interterun/report       Interterun/report         Part III       Basic Dian (Internation - Interterun/report       Interterun/report       Interterun/report         Part III       Basic Dian (Internation - Interterun/report       Interterun/report       Interterun/report         Part III       Basic Dian (Internation - Interterun/report       Interterun/report       Interterun/report         IIII       Part III       Basic Dian (Internation - Interterun/report       Interterun/report       Interterun/report         IIIIII       Basic Dian (Internation - Interterun/report       Interterun/report       Interterun/report       Interterun/report         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	For	the calendar plan year 2009 or	fiscal plan year beginning	2009-	01-01 and ending	2	009-12-31				
C       Check tox if filing unite:       an amended return/report       abot plan year return/report (less than 12 months)       DPVC program         Part III       Basic Plan Information onice al requested intermation.       Ib Three-digit plan number (less)       DPVC program         Part III       Basic Plan Information onice al requested intermation.       Ib Three-digit plan number (less)       DPVC program         Part III       Basic Plan Information onice al requested intermation.       Ib Three-digit plan number (less)       DD Employer torning (less)         2a       Plan sponsor's name and address (employer, if for single-employer plan)       Rainiser Visor Kasse Co. , Ince       DD Employer torning (less)       DD Employer torning (less)         3a       Plan administrator's name and address (if same as plan employer, enter "Same")       BD Administrator's Elemptone number (less)       BD Administrator's Elemptone number (less)         3a       Files name andior ELM of the plan sponsors has the span of the plan year       Sb 117       Sc 44127         Sa       Ca Administrator's name and address (if same as plan employer, enter "Same")       Sb 117       Sc 44127         Sa       Total number of participants with a bendpring of the plan year       Sb 117       Sc 91         Sa       Total number of participants with address of the plan year (leftingd base tort) (log PA)       Sc 91         Sa       Total number of pa	Α	This return/report is for:	x single-employer plan	multiple-er	nployer plan (not multiemployer)		one-participan	t plan			
C Check box if filing under:	в	This return/report is for:	first return/report	final return	/report						
Control of the part of			an amended return/report	short plan	year return/report (less than 12 month	is)					
Part II.       Basic Plan Information	С	Check box if filing under:	x Form 5558	automatic	extension		DFVC program	n			
1a       Name of plan       1b       There-digit plan       1b       The and the plan number of plan plan number of plan plan number of plan plan sortex is the plan endower of plan sortex is the plan endower of plan number numbe			special extension (enter description)		·····						
Rainier View Water Co., Inc. 401 (k) Plan       Image: Control of plan         2a Plan sponsor's name and address (employer. If for single-employer plan)       Rainier View Water Co., Inc.         Rainier View Water Co., Inc.       PLO         9.0. Box 44427       2b Employer dentification Number (2013)         13 Plan administrators name and address (if same as plan employer, enter "Same")       3b Administrator's telephone number         3a Plan administrator's name and address (if same as plan employer, enter "Same")       3b Administrator's telephone number         4 If the name and/or EN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EN and the plan number from the last return?       3b Administrator's telephone number         5a Total number of participants at the beginning of the plan year       5a 118         5d New ad of plan's sasted during the plan year invested in eligible assets? (See Instructions on water eligible accounts of (DPA) under 20 CF 820: 01-04 (% (DPA))       Sec 91         6d Were ad of plan's sasted during the plan year invested in eligible asset? (See Instructors)       Sec 91         7 Plan Assets and Liabilities       7a 1,538,350       2,334,601         7 a 1,538,350       2,334,601       7a       1,538,350       2,334,601         7 a 1,538,350       2,334,601       7b       0       2,334,601       0         7 bio Information       7c       1,538,350			mation enter all requested inforr	nation.		41.					
1     C Effective date of plan       2a     Plan sponsor's name and address (employer, if for single-employer plan) Rain.ier: Viaw Watez Co., Inc     2b       P.O. Box 44427     2b       US Tacona     WA. 98444       3a     Plan administrator's name and address (if same as plan employer, enter "Same") Same     3b       3b     Administrator's name and address (if same as plan employer, enter "Same") Same     3b       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. Sponsor's Name     3c       5a     Total number of participants at the edgring of the plan year.     5a       5a     Total number of participants at the edgring of the plan year.     5a       5a     118       5b     117       5c     91       5a     128       6a Were all of the plans sponsor the schedung diording a water of the annual examination and report of an independent qualified public assets? (See instructions.)     IX (Yes Into annual control balance and conditions.)       5b     117       5c     91	1a	Name of plan				1D					
2a       Plan sponsor's name and address (employer, fill or single-employer plan) Ratinier View Water Co., Inc       1295-01-01         2b       PLO. Box 44427       2b         UIS       Tacona       WA 98444         3a       Plan doministrator's name and address (if same as plan employer, enter "Same") Same       3b         4       If the name and/or EIN of the plan sponsor has changed since the last return/report field for this plan, enter the name. EIN and the plan number form the last return. Sponsor's Name       4b         5a       total number of participants at the beginning of the plan year.       5a       110         5a       total number of participants at the edgring of the plan year.       5b       5a         5a       total number of participants at the edgring of the plan year (defined benefit plan do not complete this lam)       Six (Six Same)         6a       total number of participants at the edgring of the plan year invested in eligible assets (Size instructions)       Six (Yrs		Rainier View Water Co	)., Inc. 401(k) Plan			4 .	· · · · · · · · · · · · · · · · · · ·				
2a       Plan sponsor's name and address (employer, if for single-employer plan) Rainiser View Mater Co., Inc       2b       Employer destination Number (253) 537-653         2b       D. Box 44427       2c       Plan sponsor's helphone number (253) 537-653         3a       Plan administrator's name and address (if same as plan employer, enter "Same") Same       3b       Administrator's telephone number (253) 537-653         3a       Plan administrator's name and address (if same as plan employer, enter "Same") Same       3b       Administrator's telephone number (253) 537-653         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. Sponsor's Name       4b       EIN         5a       Total number of participants at the beginning of the plan year.       5a       113         5a       Total number of participants with account balances as of the end of the plan year (See instructors)       5c       91         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructors)       5c       91         7b       No       See (See See See See See See See See See						10		plan			
Rainier View Water Co., Inc       (E)N 91-1466595         P.O. Eox 44427       (E)N 91-1466595         US Tacona       WA 98444       (E)N 91-1466595         Same       (E)N 91-1466595       (E)N 91-1466595         Ja Plan administrator's name and address (if same as plan employer, enter "Same")       (E)N 91-1466595       (E)N 91-1466595         Ja Plan administrator's name and address (if same as plan employer, enter "Same")       (E)N 91-1466595       (E)N 91-1466595         Ja Plan administrator's name and address (if same as plan employer, enter "Same")       (E)N 91-1466595       (E)N 91-1466595         Ja Plan administrator's name and address (if same as plan employer, enter "Same")       (E)N 91-1466195       (E)N 91-1466195         Ja Interme and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. ENN and the plan number forn the last return. Sponsor's Name       (E)N 91-146619         Ja Total number of participants at the edginning of the plan year.       (E)S 112       (E)N 112         Total number of participants at the edginning of the plan year.       (E)N 120       (E)N 120         Ja Were all of the plan's assets during the plan year invested in eligible assets (2) (See instructions )       (E)Y (See (See No 120)       (E)Y (See (See No 120)         Ja Were all of the plan's assets during the plan year (SEP SE and must instead use Form 5500-SE F and must instead use Form 5500-SE F and must instead use Form 5500-SE F and	2a	Plan sponsor's name and addre	ess (employer, if for single-employer pla	an)		2b		cation Number			
P.O. Box 44427       (253) 537-6534         US       Tacona       WA 98444       2d Buaness code (see instructions) 312210         3a       Pan administrator's name and address (if same as plan employer, enter "Same") Same       3b Administrator's EIN         4       If the name and/or EN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN and the plan number of participants at the beginning of the plan year       5a       10         5a       Total number of participants at the end of the plan year       5a       118         5a       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this them)       5c       91         6a       Wera all of the plans satest during the plan year invested in eligible assets? (See instructions.)       XX YesNo         Mod addining awayer of the annual examination and report of an independent qualified public accountant (QCPA) under 20 CF 2220.104-49(See instructions.)       XX YesNo         Part Aller is and Liabilities       7a       1, 538, 350       2, 334, 601         7       Pan Assets and Liabilities       7a       1, 538, 350       2, 334, 601         8       Intome Expense, and Transfers for this Plan Year       8a(3)       3b       519, 767         8       Intome Expenses, and Transfers for this Plan Year       8a(1)       25, 886       82(2) <td></td> <td>Rainier View Water Co</td> <td>., Inc</td> <td></td> <td></td> <td><u></u></td> <td></td> <td></td>		Rainier View Water Co	., Inc			<u></u>					
US     Tacona     NA     98444       2d     Buna diministrator's name and address (if same as plan employer, enter "Same")     3b       3ame     3c     Administrator's EIN       3c     Administrator's telephone number       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 rumber from the last return. Sponsor's Name     3c     Administrator's telephone number       5a     Total number of participants at the beginning of the plan year.     5a     118       5a     Total number of participants with acount balances as of the end of the plan year (defined benefit plans do not complete this firm)     5c     91       6a     Were all of the glan sasets during the plan year invested in eligible sasets? (See instructions.)     EXP res     No       b     Are you aliming a valver of the plan acont using or public accountant (IOPA) under 29 CFR 2520.104-46? (See instructions on valver eligibility and conditions.)     EXP res     No       7     Plan Asets and Liabilities     1/2     1/2 (a) Beginning of Year     (b) End of Year       7     Plan Asets and Liabilities     1/2     2/3 (a) Anount     (b) Total       6     Other income (loss)     2/3 (a) (a) (a) (b) Total     2/3 (a) (a) (a) (b) Total       7     Plan Asets and Liabilities     2/3 (a) (a) (a) (b) Total     2/3 (a) (a) (a) (b) Total       8		P.O. Box 44427				ZC	•	•			
3a       Plan administrator's name and address (if same as plan employer, enter "Same")       3b       Administrator's EIN         3c       Administrator's telephone number       3c       Administrator's telephone number         4       If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the neme. EIN and the plan number for the last return. Sponsor's Name       4c       PN         5a       Total number of participants at the beginning of the plan year.       5a       118         5a       Total number of participants at the optin year.       5c       91         c       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this tem)       5c       91         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions)       5c       91         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions)       5c       91         7a       1,538,350       2,334,601       7a       1,538,350       2,334,601         7b       0       7c       1,538,350       2,334,601       7c       1,538,350       2,334,601         8a(1)       25,886       8a(2)       262,967       8a(3)       6b       10         9       Other			575 00444			2d	Business code (s				
Same       3C Administrator's telephone number         4       If the name and/or EN 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. Sponsor's Name       4b EIN         5a       Total number of participants at the beginning of the plan year       5a       118         5       Total number of participants at the beginning of the plan year       5a       118         5       Total number of participants at the end of the plan year       5c       91         5       Total number of participants at the end of the plan year invested in eligible assets? (See instructions.)       5c       91         6       Word at of the plan's assets during the plan year invested in eligible asset? (See instructions.)       5c       91         6       Word at of the plan sacets during the plan year invested in eligible asset? (See instructions.)       5c       91         7       Plan Assets and Liabilities       7a       1,538,350       2,334,601         7       Plan Assets and Liabilities       7b       0       2,334,601         8       Income. Expenses, and Transfers for this Plan Year       8a(3)       8a(3)       8a(3)         6) Other income (does)       See       Sa(2)       262,967       8a(3)         8       Contributions readved or readvalabilitorins instructio				ter "Same"	)	3b		IN			
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. Sponsor's Name       4b EIN         5a       Total number of participants at the beginning of the plan year.       5a       118         5a       Total number of participants at the do the plan year.       5a       118         5a       Total number of participants at the do the plan year.       5b       127.         c       Total number of participants with account balances as of the end of the plan year (defined benefit plans)       5c       91         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions)       Xi Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2620. 104-469 (See instructions on waiver eligiblity and conditions.)       Xi Yes       No         Part IIII       Financest and Liabilities       (a) Beginning of Year       (b) End of Year         7       Plan Assets and Liabilities       7b       0       2, 334, 601         0       Total plan liabilities       7b       0       2, 334, 601         10       Total plan liabilities       7b       0       2, 334, 601         20       Total plan assets       12, 358, 350	••				, ,						
name, EIN and the plan number from the last return. Sponsor's Name       4c PN       5a     118       5a     118       5b     117       5a     118       5b     117       5c     91       5a     118       5b     117       5b     117       5c     91       5c     91       5a     117       5b     117       5c     91       5c     91       5c     91       5c     91       5a     117       5b     117       5c     91       5c     91       5c     91       5c     91       5d     No       5d     Are you claiming a waire of the anula examination and report of an independent qualified public accountant (OPA) under 20 CFR 2520.104-497 (See instructions.)     Image: See instructions.)       7d     Plan Assets and Liabilities     (a) Beginning of Year     (b) End of Year       7d     Plan Assets and Liabilities     7a     1,538,350     2,334,601       8     (a) Amount     (b) Total       8     (a) Amount     (b) Total       8     (a) Amount       9     See </td <td></td> <td></td> <td></td> <td></td> <td>·</td> <td>3c</td> <td>Administrator's te</td> <td colspan="3">dministrator's telephone number</td>					·	3c	Administrator's te	dministrator's telephone number			
name, EIN and the plan number from the last return. Sponsor's Name       4c PN       5a     118       5a     118       5b     117       5a     118       5b     117       5c     91       5a     118       5b     117       5b     117       5c     91       5c     91       5a     117       5b     117       5c     91       5c     91       5c     91       5c     91       5a     117       5b     117       5c     91       5c     91       5c     91       5c     91       5d     No       5d     Are you claiming a waire of the anula examination and report of an independent qualified public accountant (OPA) under 20 CFR 2520.104-497 (See instructions.)     Image: See instructions.)       7d     Plan Assets and Liabilities     (a) Beginning of Year     (b) End of Year       7d     Plan Assets and Liabilities     7a     1,538,350     2,334,601       8     (a) Amount     (b) Total       8     (a) Amount     (b) Total       8     (a) Amount       9     See </td <td colspan="6"></td> <td colspan="5"></td>											
4C PN         5a       Total number of participants at the beginning of the plan year.       5a       118         5v       Total number of participants at the end of the plan year.       5a       117         5v       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       91         6a       Were all of the plan's sasets during the plan year invested in eligible assets? (See instructions.)       5c       91         6a       Vere all of the plan's sasets during the plan year invested in eligible assets? (See instructions.)       5c       91         6a       Vere all of the plan's sasets during the plan year invested in eligible accountant (ICPA) under 25 CF 2820.104-487 (See instructions on waiver eligibility and conditions.)       5c       91         Mathematical information         7 Plan Assets and Liabilities         a       Total plan liabilities       7a       1,538,350       2,334,601         b       Total plan liabilities       7c       1,538,350       2,334,601         8a(1)       25,886         (2) Participants       8a(2)       262,967       3a(3)         Balting and Liabilities         1.538,350       2,334,601          519,767	4	If the name and/or EIN of the pl	an sponsor has changed since the last	t return/rep	ort filed for this plan, enter the	4b	EIN				
b       Total number of participants at the end of the plan year.       5b       117         c       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       91         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		name, EIN and the plan numbe	r from the last return. Sponsor's Name			4c	PN	<u></u>			
c       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this tiem)	5a	Total number of participants at	the beginning of the plan year			5a		118			
complete this item)     Store     91       Ga     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Store     Store     No       A re you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)     Store     No       Part III     Financial Information     Total plan assets     (b) End of Year     (b) End of Year       7     Plan Assets and Liabilities     (a) Beginning of Year     (b) End of Year       6     (b) End of Year     0     2,334,601       7     Total plan assets     7b     0       2     C Net plan assets (subtract line 7b from line 7a)     7c     1,538,350     2,334,601       8     Income, Expenses, and Transfers for this Plan Year     (a) Amount     (b) Total       a     Contributions received or receivable from:     8a(1)     25,886       (2) Participants     8a(2)     262,967     8a(3)       (3) Others (including rollovers).     8a     519,767       8a     12,369     808,622       9 Other expenses a.     8a     12,369       9 Other expenses a.     8a     12,369       9 Other expenses a.     8a     12,369       9 Other expenses a.     8a     12,	b					5b	<b>)</b> 117				
6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (QPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       X       Yes       No         Pairt III       Financial Information       X       Yes       No         Pairt III       Financial Information       (a) Beginning of Year       (b) End of Year       (b) End of Year         7       Plan Assets and Liabilities       7a       1,538,350       2,334,601         b       Total plan liabilities       7b       0       0         c       Net plan assets (subtract line 7b from line 7a)       7c       1,538,350       2,334,601         b       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(2)       262,967         (a) Other (including rollovers).       8a(3)       519,767       8a(3)         b       Other income (loss)       8a(3)       12,359       80       806,620         c       Certain deemed andror corrective distributions (see instructions)       8e       8e       8e       12,359 <td< td=""><td>C</td><td></td><td></td><td></td><td>i i i i i i i i i i i i i i i i i i i</td><td>5c</td><td></td><td>91</td></td<>	C				i i i i i i i i i i i i i i i i i i i	5c		91			
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	6a										
If you answered "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	b										
Part III       Financial Information         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets       7a       1,538,350       2,334,601         b       Total plan liabilities       7b       0       0         c       Net plan assets (subtract line 7b from line 7a)       7c       1,538,350       2,334,601         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       3a(1)       25,886         (1)       Employers       8a(1)       25,886         (2)       Part (including rollovers)       8b       519,767         (3)       Other income (loss)       8a(3)       8a(3)         b       Other income (loss)       8e       8a(3)         c       Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       8a(3)         b       Drotore concerctive distributions (see instructions)       8c       8e         c       Certain deemed and/or corrective distributions (see instructions)       8e         g       Other expenses       8d, and 8g)       12,369         i       Net income (loss) (subject line 8h (mol line 8c)       8i<						•					
7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         a       Total plan assets	Pa	-			·····						
b       Total plan liabilities       7b       0         c       Net plan assets (subtract line 7b from line 7a)       7c       1,538,350       2,334,601         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       3a(1)       25,886         (2)       Participants       8a(2)       262,967         (3)       Others (including rollovers)       8a(3)       8a(3)         b       Other income (loss)       8a(3), and 8b)       8b       519,767         c       Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       808,620         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       12,369         f       Administrative service providers (salaries, fees, commissions)       8f       8g         f       Administrative service providers (salaries, fees, commissions)       8f         g       Other expenses       8h       12,369         i       Net income (loss) (subject line 8h from line 8c)       8h       12,369         j       Transfers to (from) the plan (see instructions)       8i       796,251					(a) Beginning of Year		(b) End c	of Year			
C       Net plan assets (subtract line 7b from line 7a)       7c       1,538,350       2,334,601         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       25,886         (2)       Participants       8a(2)       262,967         (3)       Others (including rollovers).       8a(3)       8a(3)         b       Other income (loss)       8b       519,767         C       Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       808,620         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8e       8e         f       Administrative service providers (salaries, fees, commissions)       8f       8g         f       Other expenses       8g       12,369         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       12,369         i       Net income (loss) (subject line 8h from line 8c)       8i       796,251         j       Transfers to (from) the plan (see instructions)       8i       8i	а	Total plan assets		7a	1,538,350			2,334,601			
Interpret received or receivable from:       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       25,886         (2)       Participants       8a(2)       262,967         (3)       Others income (loss)       8a(3)       8a(3)         b       Other income (loss)       8b       519,767         c       Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       808,620         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       12,369         e       Certain deemed and/or corrective distributions (see instructions)       8e       8g         f       Administrative service providers (salarles, fees, commissions)       8f       12,369         f       Net income (loss) (subject line 8h from line 8c)       8h       12,369         i       Net income (loss) (subject line 8h from line 8c)       8i       796,251         j       Transfers to (from) the plan (see instructions)       8j       8j	b	Total plan liabilities		7b	0						
a       Contributions received or receivable from:         (1)       Employers       25,886         (2)       Participants       8a(1)       25,886         (2)       Participants       8a(2)       262,967         (3)       Others (including rollovers)       8a(3)       8a(3)         b       Other income (loss)       8a(3)       8a(3)         c       Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       8c       808,620         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       12,369         e       Certain deemed and/or corrective distributions (see instructions)       8e       8f         g       Other expenses       8g       12,369         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       12,369         i       Net income (loss) (subject line 8h from line 8c)       8i       796,251         j       Transfers to (from) the plan (see instructions)       8i       796,251	С	Net plan assets (subtract line 7	b from line 7a)	7c	1,538,350			2,334,601			
(1) Employers       8a(1)       25,886         (2) Participants       8a(2)       262,967         (3) Others (including rollovers)       8a(3)       8a(3)         b Other income (loss)       8a(3)       8a(3)         c Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       808, 620         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8c       8c         f Administrative service providers (salaries, fees, commissions)       8f       12,369         g Other expenses       8g       12,369         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       12,369         i Net income (loss) (subject line 8h from line 8c)       8i       796,251         j Transfers to (from) the plan (see instructions)       8j       8j					(a) Amount	-	(b) T	otal			
(1) Employed 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	а			8a(1)	25,886						
(3) Others (including rollovers).       8a(3)         b Other income (loss)       82(3)         c Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)       8b         519,767         c Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         a Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8c         b Certain deemed and/or corrective distributions (see instructions)       8e         c Administrative service providers (salaries, fees, commissions)       8f         g Other expenses       8g         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         i ncome (loss) (subject line 8h from line 8c)       8i         j Transfers to (from) the plan (see instructions)       8j					· · · · · · · · · · · · · · · · · · ·						
b       Other income (loss)       8b       519,767         c       Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       808,620         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       12,369         e       Certain deemed and/or corrective distributions (see instructions)       8e       8d       12,369         f       Administrative service providers (salaries, fees, commissions)       8f       8g       12,369         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       12,369       12,369         i       Net income (loss) (subject line 8h from line 8c)       8i       796,251       796,251         j       Transfers to (from) the plan (see instructions)       8j       8j       12,369       12,369		•••									
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       12,369         e       Certain deemed and/or corrective distributions (see instructions)       8e       6         f       Administrative service providers (salaries, fees, commissions)       8f       6         g       Other expenses       8g       12,369         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       12,369         i       Net income (loss) (subject line 8h from line 8c)       8i       796,251         j       Transfers to (from) the plan (see instructions)       8j       8j	b	Other income (loss)		8b	519,767						
to provide benefits)       8d       12,369         e       Certain deemed and/or corrective distributions (see instructions)       8e         f       Administrative service providers (salaries, fees, commissions)       8f         g       Other expenses       8g         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         i       Net income (loss) (subject line 8h from line 8c)       8l         j       Transfers to (from) the plan (see instructions)       8j	-			8c			n baariya inganin kiri kanal wasan a	808,620			
e       Certain deemed and/or corrective distributions (see instructions)       8e         f       Administrative service providers (salaries, fees, commissions)       8f         g       Other expenses       8g         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         i       Net income (loss) (subject line 8h from line 8c)       8l         j       Transfers to (from) the plan (see instructions)       8j	đ		•	64	12 360						
f       Administrative service providers (salaries, fees, commissions)       8f         g       Other expenses       8g         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         i       Net income (loss) (subject line 8h from line 8c)       8i         j       Transfers to (from) the plan (see instructions)       8j	e	, , , , ,			12,309						
g       Other expenses       8g         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h         i       Net income (loss) (subject line 8h from line 8c)       8i         j       Transfers to (from) the plan (see instructions)       8j	_										
i       Net income (loss) (subject line 8h from line 8c).       8l       796,251         j       Transfers to (from) the plan (see instructions)       8j		•									
i       Net income (loss) (subject line 8h from line 8c).       8i       796,251         j       Transfers to (from) the plan (see instructions)       8j       5	h	Total expenses (add lines 8d, 8	e, 8f, and 8g)	8h				12,369			
	i			8i				796,251			
	j	Transfers to (from) the plan (se	e instructions)	8j			$\mathcal{L} = \{ f_{i} \}_{i \in \mathcal{I}} \in \{ f_{i} \}_{i \in \mathcal{I}} $	and the second			

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

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

Par	V Compliance Questions						
10	During the plan year:		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribution 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	10b		x			
~	Vies the plan sourced by a fidality band?	10c	x				160,000
c d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		x			
e	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	x				4,640
f		10f		x			
g		10g	x				10,332
9 h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		x			
i	2520.101-3.)				a Propiesijan		
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500))	e Sch	nedul	e SB (	Form	. 🗌 Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or s	ectio	n 302	of ER	ISA? .	. 🗌 Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
a If y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver						
b	Enter the minimum required contribution for this plan year		. Г	12b			
c	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 of a negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		•		Yes	No	□ N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					. Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		•	13a			
b c	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unde of the PBGC?				• • •	. 🗌 Yes	XNo
			12	c(2) E	IN(c)	130/3	) PN(s)
	3c(1) Name of plan(s):			U(2) L		100(0	// 11(3/
Cauti	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cau	se is	esta	blishe	ed.		
Under SB or	penalties of perjup and other penalties set forth in the instructions, I declare that I have examined this return/report Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report it is true, correct, and complete.	port,	includ	ling, if	applicable	a Schedule wledge and	e
SIG		sher					
010							

SIGN Neg C	\$117/10	Douglas R Fisher
HERE Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN abreak K the	8/11/0	Douglas R Fisher
HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor