Form 5500-SF Short Form Annual Re				Report of Small Emplo	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service	e	2009							
Er	Department of Labor nployee Benefits Security Administration	e	This Form is Open to Public							
P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance with	n the instructions to the Form 550	0-SF.	Inspection				
		entification Information	2		10/04/	2000				
_	calendar plan year 2009 or fisca	single-employer plan		g	12/31/	8				
	This return/report is for:	first return/report	final return	mployer plan (not multiemployer)		one-participant plan				
в	This return/report is for:	an amended return/report		i year return/report (less than 12 mc	nthe)					
<b>c</b>		Form 5558		extension	11115)	DFVC program				
	Check box if filing under:	special extension (enter descriptio								
Pa	art II Basic Plan Inform	nation—enter all requested information								
	Name of plan				1b	Three-digit				
G & I	WASINGER RETIREMENT PL	AN				plan number				
					1c	(PN) Effective date of plan				
						01/01/1987				
	•	ess (employer, if for single-employer	plan)		2b	Employer Identification Number				
GOV	VASINGER, INC.				2c	(EIN) 20-3994174 Plan sponsor's telephone number				
	S.W. CASTILIAN DR. HARBOR, WA 98277					360-675-0109				
						Business code (see instructions) 445120				
	Plan administrator's name and VASINGER, INC.	address (if same as Plan sponsor, er 927 S.W. CA	STILIAN D	R.	3b	Administrator's EIN 20-3994174				
		OAK HARBO	R, WA 982	277	3c	C Administrator's telephone number 360-675-0109				
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan numbe	r from the last return/report. Sponso	rs name		4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a	10				
b	Total number of participants at	the end of the plan year			5b	10				
С		th account balances as of the end of		· ·	5c	10				
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		Yes No				
b		e annual examination and report of a				X Yes No				
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo								
Pa	rt III Financial Informa									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a	73110	9	874107				
b	•		7b		_					
<u> </u>		b from line 7a)	7c	73110	9	874107				
8 a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total				
u			8a(1)	2000	0					
	(2) Participants		8a(2)							
_	(3) Others (including rollovers)		8a(3)							
b			8b	12540	9					
c d		8a(2), 8a(3), and 8b) ollovers and insurance premiums	8c			145409				
u			8d	236	6					
е	Certain deemed and/or correct	ive distributions (see instructions)	8e							
f	Administrative service provider	s (salaries, fees, commissions)	8f							
g	•		8g	4	5					
h		Be, 8f, and 8g)	8h			2411				
 		e 8h from line 8c)				142998				
J	mansiers to (morn) the plan (se	e instructions)	8j							

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

## Page **2-**1

## 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
- **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	Du	ing the plan year:		Yes	No		Amo	unt	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		Х				
С	Wa	as the plan covered by a fidelity bond?	10c	Х					80000
d	Did or o	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud lishonesty?	10d		X				
e	ins	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		x				
f	Ha	the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			Х				
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		x				
i		0h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))	•				. П	Yes	No
12	ls t	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of I	ERISA?.	. П	Yes	X No
	(If "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
<ul> <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> </ul>									
lf	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Ent	er the minimum required contribution for this plan year			12b				
С	Ent	er the amount contributed by the employer to the plan for this plan year			12c				
d	<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef negative amount)				12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Ν	lo	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?		<u></u>				Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year				13a				
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control						X No		
C		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ch assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to					
1	3c(1	) Name of plan(s):		130	:(2) Ell	N(s)	1	3c(3)	PN(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab			establ	ishad			
Jun		A penalty for the late of incomplete ning of this return/report will be assessed unless reasonab	10 000	130 13	Suan	1011Cu.			

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.	09/13/2010	GREGORY O. WASINGER
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

Form 5500-SF	Report of Small Emplo Plan	yee	OMB Nos. 1210-0111 1210-008			
Department of the Treasury Internal Revenue Service			Employee 2009			
Internal Revenue Service         This form is required to be filed under sections 104 and 4065 of the Employee           Department of Labor         Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the						
Employee Benefits Security Administration         Internal Revenue Code (the Code).           Pension Benefit Guaranty Corporation         > Complete all entries in accordance with the instructions to the Form 5500						is Open to Public spection
Part I Annual Report Id	dentification Information	dance with	the instructions to the Form 550	0-SF.		
For calendar plan year 2009 or fisc			and ending		interes of	
A This return/report is for:	🗙 single-employer plan	multiple-er	nployer plan (not multiemployer)		one-participa	ant olan
B This return/report is for:	first return/report	final return	and and a second sec			
• •	an amended relum/report	short plan	year return/report (less than 12 mo	nths)		
C Check box if filing under:	X Form 5558	automatic	152 151 65		DFVC progr	am
n sen an de state de la construction de la const La construction de la const	special extension (enter description					
Part II   Basic Plan Infor	mation-enter all requested inform	33*	- de la constante de			
1a Name of plan				1b	Three-digit	Γ
3 & L WASINGER RETIREMENT P	PLAN			5427 (5469424	plan number	
				-	(PN) 🕨	002
				10	Effective date of 01/01/	
2a Plan sponsor's name and addr	ess (employer, if for single-employer	plan)		2b	Employer Ident	
O WASINGER, INC.					(EIN) 20-399	
27 S.W. CASTILIAN DR.		€.			360-67	lelephone number 75-0109
DAK HARBOR WA 98277				2d		(see instructions)
<b>3a</b> Plan administrator's name and	address (if same as Plan sponsor, e	nter "Same	")	3b	44512 Administrator's	EIN
VENUE.				2-	20-399	lelephone number
				30	Administrator's	
		etertani i		30		75-0109
4 If the name and/or EIN of the plan number	an sponsor has changed since the las	st return/rep	port filed for this plan, enter the			
4 If the name and/or EIN of the plan name, EIN, and the plan number	an sponsor has changed since the later from the last return/report. Sponso	st return/rep r's name	port filed for this plan, enter the	4b	360-67 EIN	
name, EIN, and the plan numbe	an sponsor has changed since the last er from the last return/report. Sponso t the beginning of the plan year	r's name		4b 4c	360-67	75-0109
name, EIN, and the plan numbe	er from the last return/report. Sponso	r's name		4b 4c 5a	360-67 EIN	75-0109 10
<ul> <li>name, EIN, and the plan number</li> <li>5a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Total number of participants w</li> </ul>	er from the last return/report. Sponso t the beginning of the plan year t the end of the plan year ith account balances as of the end of	r's name	ear (defined benefit plans do not	4b 4c 5a 5b	360-67 EIN	25-0109 10 10
<ul> <li>name, EIN, and the plan number</li> <li>5a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Total number of participants we complete this item)</li> </ul>	er from the last return/report. Sponso t the beginning of the plan year t the end of the plan year ith account balances as of the end of	r's name the plan ye	ear (defined benefit plans do not	4b 4c 5a 5b 5c	360-67 EIN PN	75-0109 10 10
<ul> <li>name, EIN, and the plan number</li> <li>5a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Total number of participants we complete this item)</li></ul>	er from the last return/report. Sponso t the beginning of the plan year t the end of the plan year ith account balances as of the end of during the plan year invested in eligib the annual examination and report of a	the plan years of the plan yea	ear (defined benefit plans do not See instructions.)	4b 4c 5a 5b 5c	360-67 EIN PN	25-0109 10 10
<ul> <li>name, EIN, and the plan number</li> <li>5a Total number of participants al</li> <li>b Total number of participants at</li> <li>c Total number of participants we complete this item)</li></ul>	er from the last return/report. Sponso t the beginning of the plan year t the end of the plan year ith account balances as of the end of during the plan year invested in eligib ne annual examination and report of a See instructions on waiver eligibility a	r's name f the plan ye le assets? ( an indepene and condilio	ear (defined benefit plans do not See instructions.) dent qualified public accountant (IQ ons.)	4b 4c 5a 5b 5c PA)	360-67 EIN PN	10 10 10 10 10 10 10
<ul> <li>name, EIN, and the plan number</li> <li>5a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Total number of participants we complete this item)</li></ul>	er from the last return/report. Sponso t the beginning of the plan year t the end of the plan year ith account balances as of the end of during the plan year invested in eligib ne annual examination and report of a See instructions on waiver eligibility a ter 6a or 6b, the plan cannot use Fo	r's name f the plan ye le assets? ( an indepene and condilio	ear (defined benefit plans do not See instructions.) dent qualified public accountant (IQ ons.)	4b 4c 5a 5b 5c PA)	360-67 EIN PN	10 10 10 10 10 10 10
<ul> <li>name, EIN, and the plan number</li> <li>5a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Total number of participants we complete this item)</li></ul>	er from the last return/report. Sponso t the beginning of the plan year t the end of the plan year ith account balances as of the end of during the plan year invested in eligib ne annual examination and report of a See instructions on waiver eligibility a ter 6a or 6b, the plan cannot use Fo	r's name f the plan ye le assets? ( an indepene and condilio	ear (defined benefit plans do not See instructions.) dent qualified public accountant (IQ ons.) F and must instead use Form 55	4b 4c 5a 5b 5c PA)	360-67 EIN PN	25-0109 10 10 10 10 10 10 10 10 10 10 10 10 10
<ul> <li>name, EIN, and the plan number</li> <li>5a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Total number of participants we complete this item)</li></ul>	er from the last return/report. Sponso t the beginning of the plan year t the end of the plan year ith account balances as of the end of during the plan year invested in eligib ne annual examination and report of a See instructions on waiver eligibility a ter 6a or 6b, the plan cannot use For ation	r's name f the plan ye le assets? ( an independ and condition orm 5500-5	ear (defined benefit plans do not See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year	4b 4c 5a 5b 5c PA) 00.	360-67 EIN PN	10 10 10 10 10 10 10 10 X Yes N X Yes N
<ul> <li>name, EIN, and the plan number</li> <li>5a Total number of participants al</li> <li>b Total number of participants at</li> <li>c Total number of participants at complete this item)</li></ul>	er from the last return/report. Sponso t the beginning of the plan year t the end of the plan year ith account balances as of the end of during the plan year invested in eligib ne annual examination and report of a See instructions on waiver eligibility a ner 6a or 6b, the plan cannot use Fe ation	r's name f the plan ye le assets? ( an independ and condition prm 5500-5 7a	ear (defined benefit plans do not See instructions.) dent qualified public accountant (IQ ons.) F and must instead use Form 55	4b 4c 5a 5b 5c PA) 00.	360-67 EIN PN	10 10 10 10 10 10 10 10 X Yes N X Yes N
<ul> <li>name, EIN, and the plan number</li> <li>5a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Total number of participants at</li> <li>c Total number of participants were complete this item)</li></ul>	er from the last return/report. Sponso t the beginning of the plan year t the end of the plan year ith account balances as of the end of during the plan year invested in eligib ne annual examination and report of a See instructions on waiver eligibility a ter 6a or 6b, the plan cannot use Fe ation	r's name the plan ye an independ and conditio orm 5500-5 7a 7b	ear (defined benefit plans do not See instructions.) dent qualified public accountant (IQ ons.) F and must instead use Form 55 (a) Beginning of Year 731 109	4b 4c 5a 5b 5c PA) 00.	360-67 EIN PN	10 10 10 10 10 10 10 10 10 10 10 10 10 1
<ul> <li>name, EIN, and the plan number</li> <li>5a Total number of participants all</li> <li>b Total number of participants all</li> <li>c Total number of participants all</li> <li>c Total number of participants we complete this item)</li></ul>	er from the last return/report. Sponso t the beginning of the plan year t the end of the plan year ith account balances as of the end of during the plan year invested in eligib ne annual examination and report of a See instructions on waiver eligibility a ter 6a or 6b, the plan cannot use For ation	r's name f the plan ye le assets? ( an independ and condition prm 5500-5 7a	ear (defined benefit plans do not See instructions.) dent qualified public accountant (IQ ons.) <b>3F and must instead use Form 55</b> (a) Beginning of Year 731105	4b 4c 5a 5b 5c PA) 00.	360-67 EIN PN (b) End	10 10 10 10 10 10 10 10 № Yes   N № Yes   N 10f Year 874107 874107
<ul> <li>name, EIN, and the plan number</li> <li>5a Total number of participants al</li> <li>b Total number of participants at</li> <li>c Total number of participants at</li> <li>c Total number of participants were complete this item)</li></ul>	er from the last return/report. Sponso t the beginning of the plan year t the end of the plan year ith account balances as of the end of during the plan year invested in eligib ne annual examination and report of a See instructions on waiver eligibility a ter 6a or 6b, the plan cannot use For ation	r's name the plan ye an independ and conditio orm 5500-5 7a 7b	ear (defined benefit plans do not See instructions.) dent qualified public accountant (IQ ons.) F and must instead use Form 55 (a) Beginning of Year 731 109	4b 4c 5a 5b 5c PA) 00.	360-67 EIN PN (b) End	10 10 10 10 10 10 10 10 10 Yes □ N × Yes □ N × Yes □ N × Yes □ N
<ul> <li>name, EIN, and the plan number</li> <li>5a Total number of participants al</li> <li>b Total number of participants al</li> <li>c Total number of participants were complete this item)</li></ul>	er from the last return/report. Sponso t the beginning of the plan year t the end of the plan year ith account balances as of the end of during the plan year invested in eligib ne annual examination and report of a See instructions on waiver eligibility a ter 6a or 6b, the plan cannot use For ation	r's name the plan ye le assets? ( an independ and condition orm 5500-5 7a 7b 7b 7c	ear (defined benefit plans do not See instructions.) dent qualified public accountant (IQ ons.) <b>3F and must instead use Form 55</b> (a) Beginning of Year 731105	4b 4c 5a 5b 5c PA) 00.	360-67 EIN PN (b) End	10 10 10 10 10 10 10 10 № Yes   N № Yes   N 10f Year 874107 874107
<ul> <li>name, EIN, and the plan number</li> <li>5a Total number of participants all</li> <li>b Total number of participants all</li> <li>c Total number of participants all</li> <li>d Were all of the plan's assets of</li> <li>b Are you claiming a waiver of the under 29 CFR 2520.104-46? (</li> <li>l If you answered "No" to eith</li> <li>Part III Financial Information</li> <li>7 Plan Assets and Liabilities</li> <li>a Total plan assets (subtract line 7</li> <li>8 Income, Expenses, and Transia</li> <li>a Contributions received or received (1) Employers</li> </ul>	er from the last return/report. Sponso t the beginning of the plan year t the end of the plan year ith account balances as of the end of during the plan year invested in eligib ne annual examination and report of a See instructions on waiver eligibility a ter 6a or 6b, the plan cannot use For ation	r's name f the plan ye le assets? ( an independ and condition orm 5500-5 7a 7a 7b 7c 8a(1)	ear (defined benefit plans do not See instructions.) dent qualified public accountant (IQ ons.) <b>3F and must instead use Form 55</b> (a) Beginning of Year 731105 731105 (a) Amount	4b 4c 5a 5b 5c PA) 00.	360-67 EIN PN (b) End	10 10 10 10 10 10 10 10 № Yes   N № Yes   N 10f Year 874107 874107
<ul> <li>name, EIN, and the plan number</li> <li>5a Total number of participants all</li> <li>b Total number of participants all</li> <li>c Total number of participants all</li> <li>d Were all of the plan's assets of</li> <li>b Are you claiming a waiver of the under 29 CFR 2520.104-46? (</li> <li>If you answered "No" to eith</li> <li>Part III</li> <li>Financial Information</li> <li>7 Plan Assets and Liabilities</li> <li>a Total plan assets (subtract line 7</li> <li>8 Income, Expenses, and Transi</li> <li>a Contributions received or received (1) Employers</li> <li>(2) Participants</li> </ul>	er from the last return/report. Sponso t the beginning of the plan year t the end of the plan year ith account balances as of the end of during the plan year invested in eligib ne annual examination and report of a See instructions on waiver eligibility a ter 6a or 6b, the plan cannot use Fe ation 7b from line 7a) fers for this Plan Year ivable from:	r's name f the plan ye le assets? ( an independ and condition orm 5500-5 7a 7b 7c 7c 8a(1) 8a(2)	ear (defined benefit plans do not See instructions.) dent qualified public accountant (IQ ons.) <b>3F and must instead use Form 55</b> (a) Beginning of Year 731105 731105 (a) Amount	4b 4c 5a 5b 5c PA) 00.	360-67 EIN PN (b) End	10 10 10 10 10 10 10 10 № Yes   N № Yes   N 10f Year 874107 874107
<ul> <li>name, EIN, and the plan number</li> <li>5a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Total number of participants at</li> <li>c Total number of participants were complete this item)</li></ul>	er from the last return/report. Sponso t the beginning of the plan year t the end of the plan year ith account balances as of the end of during the plan year invested in eligib ne annual examination and report of a See instructions on waiver eligibility a ter 6a or 6b, the plan cannot use Fe ation	the plan years of the plan yea	ear (defined benefit plans do not See instructions.) dent qualified public accountant (IQ ons.) <b>3F and must instead use Form 55</b> (a) Beginning of Year 731105 731105 (a) Amount	4b 4c 5a 5b 5c PA) 00.	360-67 EIN PN (b) End	10 10 10 10 10 10 10 10 № Yes   N № Yes   N 10f Year 874107 874107
<ul> <li>name, EIN, and the plan number</li> <li>5a Total number of participants all</li> <li>b Total number of participants all</li> <li>c Total number of participants all</li> <li>d Were all of the plan's assets of</li> <li>b Are you claiming a waiver of the under 29 CFR 2520.104-46? (</li> <li>lf you answered "No" to eith</li> <li>Part III</li> <li>Financial Information</li> <li>7 Plan Assets and Liabilities</li> <li>a Total plan assets</li> <li>b Total plan liabilities</li> <li>c Net plan assets (subtract line 7</li> <li>8 Income, Expenses, and Transia</li> <li>a Contributions received or re</li></ul>	er from the last return/report. Sponso t the beginning of the plan year t the end of the plan year ith account balances as of the end of during the plan year invested in eligib ne annual examination and report of a See instructions on waiver eligibility a ter 6a or 6b, the plan cannot use For ation 7b from line 7a) fers for this Plan Year ivable from: )	the plan years of the plan yea	ear (defined benefit plans do not See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 731109 731109 (a) Amount 20000	4b 4c 5a 5b 5c PA) 00.	360-67 EIN PN (b) End	10 10 10 10 10 10 10 10 10 10 10 10 10 1
<ul> <li>name, EIN, and the plan number</li> <li>5a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Total number of participants at</li> <li>c Total number of participants we complete this item)</li></ul>	er from the last return/report. Sponso t the beginning of the plan year t the end of the plan year ith account balances as of the end of during the plan year invested in eligib ne annual examination and report of a See instructions on waiver eligibility a ter 6a or 6b, the plan cannot use Fe ation 7b from line 7a) fers for this Plan Year ivable from: )	r's name the plan year le assets? ( an independ and condition orm 5500-5 7a 7b 7c 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	ear (defined benefit plans do not See instructions.) dent qualified public accountant (IQ ons.) <b>3F and must instead use Form 55</b> (a) Beginning of Year 731109 731109 (a) Amount 20000 125409	4b 4c 5a 5b 5c PA) 00.	360-67 EIN PN (b) End	10 10 10 10 10 10 10 10 10 10 10 10 10 1
<ul> <li>name, EIN, and the plan number</li> <li>5a Total number of participants all</li> <li>b Total number of participants all</li> <li>c Total number of participants all</li> <li>d Were all of the plan's assets of</li> <li>b Are you claiming a waiver of the under 29 CFR 2520.104-46? (</li> <li>lf you answered "No" to eith</li> <li>Part III</li> <li>Financial Information of the plan assets</li> <li>a Total plan assets and Liabilities</li> <li>a Total plan assets (subtract line 7</li> <li>8 Income, Expenses, and Transia</li> <li>a Contributions received or re</li></ul>	er from the last return/report. Sponso t the beginning of the plan year t the end of the plan year ith account balances as of the end of during the plan year invested in eligib ne annual examination and report of a See instructions on waiver eligibility a ter 6a or 6b, the plan cannot use For ation 7b from line 7a) fers for this Plan Year ivable from: )	r's name f the plan ye le assets? ( an independ and condition orm 5500-5 7a 7b 7c 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8d	ear (defined benefit plans do not See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 731109 731109 (a) Amount 20000	4b 4c 5a 5b 5c PA) 00.	360-67 EIN PN (b) End	10 10 10 10 10 10 10 10 10 10 10 10 10 1
<ul> <li>name, EIN, and the plan number</li> <li>5a Total number of participants all</li> <li>b Total number of participants all</li> <li>c Total number of participants all</li> <li>d Were all of the plan's assets of</li> <li>b Are you claiming a waiver of the under 29 CFR 2520.104-46? (</li> <li>If you answered "No" to eith</li> <li>Part III</li> <li>Financial Information of the plan assets and Liabilities</li> <li>a Total plan assets (subtract line 7</li> <li>8 Income, Expenses, and Transi</li> <li>a Contributions received or received oreceived or received or received or received or re</li></ul>	er from the last return/report. Sponso t the beginning of the plan year it the end of the plan year it account balances as of the end of during the plan year invested in eligib he annual examination and report of a See instructions on waiver eligibility a tree 6a or 6b, the plan cannot use Fe ation 7b from line 7a) fers for this Plan Year ivable from: )	r's name the plan year le assets? ( an independ and condition orm 5500-5 7a 7b 7c 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	ear (defined benefit plans do not See instructions.) dent qualified public accountant (IQ ons.) <b>3F and must instead use Form 55</b> (a) Beginning of Year 731109 731109 (a) Amount 20000 125409	4b 4c 5a 5b 5c PA) 00.	360-67 EIN PN (b) End	10 10 10 10 10 10 10 10 10 10 10 10 10 1
<ul> <li>name, EIN, and the plan number</li> <li>5a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Total number of participants at</li> <li>c Total number of participants at</li> <li>c Total number of participants were complete this item)</li></ul>	er from the last return/report. Sponso t the beginning of the plan year it the end of the plan year ith account balances as of the end of during the plan year invested in eligib ne annual examination and report of a See instructions on waiver eligibility a ter 6a or 6b, the plan cannot use For ation 7b from line 7a) fers for this Plan Year ivable from: )	r's name f the plan ye le assets? ( an independ and conditio prm 5500-5 7a 7b 7c 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8c 8d 8e 8f	ear (defined benefit plans do not See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 731109 731109 (a) Amount 20000 125409 2366	4b 4c 5a 5b 5c 00.	360-67 EIN PN (b) End	10 10 10 10 10 10 10 10 10 10 10 10 10 1
<ul> <li>name, EIN, and the plan number</li> <li>5a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Total number of participants we complete this item)</li></ul>	er from the last return/report. Sponso It the beginning of the plan year It the end of the plan year ith account balances as of the end of during the plan year invested in eligib ne annual examination and report of a See instructions on waiver eligibility a ter 6a or 6b, the plan cannot use Fe ation 7b from line 7a) fers for this Plan Year ivable from: ) 8a(2), 8a(3), and 8b) rollovers and insurance premiums tive distributions (see instructions) rs (salaries, fees, commissions)	r's name f the plan ye le assets? ( an independ and conditio prm 5500-5 7a 7b 7c 8a(1) 8a(2) 8a(2) 8a(3) 8b 8c 8d 8c 8d 8e 8f 8g	ear (defined benefit plans do not See instructions.) dent qualified public accountant (IQ ons.) <b>3F and must instead use Form 55</b> (a) Beginning of Year 731109 731109 (a) Amount 20000 125409	4b 4c 5a 5b 5c 00.	360-67 EIN PN (b) End	10 10 10 10 10 10 10 10 10 10 10 10 10 1
<ul> <li>name, EIN, and the plan number</li> <li>5a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Total number of participants at</li> <li>c Total number of participants we complete this item)</li></ul>	er from the last return/report. Sponso t the beginning of the plan year it the end of the plan year ith account balances as of the end of during the plan year invested in eligib ne annual examination and report of a See instructions on waiver eligibility a ter 6a or 6b, the plan cannot use For ation 7b from line 7a) fers for this Plan Year ivable from: )	r's name f the plan ye le assets? ( an independ and conditio prm 5500-5 7a 7b 7c 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8c 8d 8e 8f	ear (defined benefit plans do not See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 731109 731109 (a) Amount 20000 125409 2366	4b 4c 5a 5b 5c 00.	360-67 EIN PN (b) End	25-0109 10 10 10 10 10 10 10 10 10 10

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

Form 5500-SF 2009

Signature of employer/plan sponsor

1

.1

Page **2-**[1

Par	IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension feat	ure codes from the	List of Plan Characte	ristic Co	des in	the instruct	iions:		
<ul> <li>2E 3D</li> <li>b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:</li> </ul>									
Part	V Compliance Questions								
10	During the plan year:			Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribution: 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian		a	x					
b	Were there any nonexempt transactions with any party-in-interest? (C on line 10a.)	/ .	b	x					
с	Was the plan covered by a fidelity bond?		c X			80	0000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?		d	×					
e	Were any fees or commissions paid to any brokers, agents, or other p insurance service or other organization that provides some or all of th instructions.)	e benefits under the	plan? (See	e	x				
f	Has the plan failed to provide any benefit when due under the plan? .			f	Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)		a	Х				
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)		O CFR		×				
i	If 10h was answered "Yes," check the box if you either provided the prexceptions to providing the notice applied under 29 CFR 2520.101-3.			i					
Part	VI Pension Funding Compliance						1		
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	s? (If "Yes," see insl	ructions and complet	e Scheo	dule SE	3 (Form	∏ Yes [	No	
12	Is this a defined contribution plan subject to the minimum funding req	52 55 K00 685					Yes X	No	
	(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 a granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule M	mortized in this plar	Month _	ns, and i	enter (h Day	ne date of th	ne letter ruling Year	j 	
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	ı year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a mini	us sign to the left of a		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 y	ear or any prior yea	r?			- 10 990	Yes X	No	
	If "Yes," enter the amount of any plan assets that reverted to the emp			Г	13a				
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	ansferred to another	plan, or brought und		ontrol		Yes X	No	
C	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the p	lan(s) to	c				
<u> </u>	3c(1) Name of plan(s):		13c(2) EIN(s)			13c(3) PI	N(s)		
<del>8</del>								_	
	ion: A penalty for the late or incomplete filing of this return/report								
SB o	er penalties of perjury and other penalties set forth in the instructions, I r Schedule MB completed and signed by an enrolled actuary, as well a f, it is true, correct, and complete.	declare that I have a as the electronic vers	examined this return/ sion of this return/rep	report, i ort, and	ncludin lo lhe	g, if applica best of my	ible, a Schedi knowledge an	ule 1d	
SIG	VI TIAL				WASINGER				
HER		Date	Enter name of indiv	individual signing as plan administrator					
EIC.					,	o piùn autili	motator		
SIG		Enter name of indiv	idual eir	nina a	s omplouer				

Date

Enter name of individual signing as employer or plan sponsor