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).

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

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

		tification Information					
For	calendar plan year 2009 or fiscal pl	an year beginning 01/01/	/2009	and ending	12/31/2	2009	
Α	This return/report is for:	ingle-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan	
В	This return/report is for:	rst return/report	final retur	n/report			
	Па	in amended return/report	short plar	year return/report (less than 12 m	onths)		
C Check box if filling under:				extension		DFVC program	
	Π̈́s						
Pa	art II Basic Plan Informat	tion—enter all requested inf	formation				
	Name of plan	7			1b	Three-digit	
DAVI	D C. WILLI, INC. MONEY PURCHA	ASE PENSION PLAN				plan number	
					4-	(PN) F	
					10	Effective date of plan 07/31/2008	
2a	Plan sponsor's name and address	(employer, if for single-employer)	over plan)		2b	Employer Identification Number	
	D C. WILLI, INC.	(- -)-,	-, - , ,			(EIN) 68-0503417	
					2c	Plan sponsor's telephone number	эr
	3 INGRAHAM ROAD HOMISH, WA 98290-3622				24	360-794-6873 Business code (see instructions	
						238100	,
	Plan administrator's name and add				3b	Administrator's EIN	
DAVI	D C. WILLI, INC.		IGRAHAM RO MISH, WA 982		30	68-0503417	
					30	Administrator's telephone number 360-794-6873	31
	f the name and/or EIN of the plan s			port filed for this plan, enter the	4b	EIN	
I	name, EIN, and the plan number fro	om the last return/report. Spo	onsor's name		4c	DN	
	Total number of participants at the	heginning of the plan year					4 E
b	Total number of participants at the						45
C	Total number of participants with a			. 5b		33	
	•			ear (defined benefit plans do not	. 5c		29
6a	Were all of the plan's assets durin	ng the plan year invested in e	eligible assets?	(See instructions.)		X Yes	No
b	Are you claiming a waiver of the a					V voo □	NIa
	•		•	ons.)SF and must instead use Form 5		Yes	No
Pa	rt III Financial Information	,	3C 1 OIIII 3300	or and must mistead use i orm s	500.		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year	
а	Total plan assets		7a	4015	59	1488	86
b	Total plan liabilities		7b		0		0
С	Net plan assets (subtract line 7b fr			4015	59	1488	86
8	Income, Expenses, and Transfers	for this Plan Year		(a) Amount		(b) Total	
а	Contributions received or receivab		2 (1)	0000	20		
	(1) Employers			8888			
	(2) Participants				0		
h	(3) Others (including rollovers) Other income (loss)		` '	2424	0		
b	Total income (add lines 8a(1), 8a(2			243′	12	1132	01
c d	Benefits paid (including direct rollo					1132	<i>J</i> 1
<u>.</u>	to provide benefits)			447	74		
е	Certain deemed and/or corrective	distributions (see instructions	s) 8e		0		
f	Administrative service providers (s	salaries, fees, commissions).	8f		0		
g	Other expenses		8g		0		
h	Total expenses (add lines 8d, 8e, 8	8f, and 8g)	8h			44	74
i	Net income (loss) (subtract line 8h	from line 8c)	8i			1087	27
_			gi	i			

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Part IV	Plan	Characteristics	c
railiv	ГІАП	CHALACLEH SUC:	

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D

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

art	V Compliance Questions							
0	During the plan year:		Yes	No	Α	mou	nt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?							
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	insurance service or other organization that provides some or all of the benefits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					1686
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		- 1						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					<u> </u>	/es	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					X	⁄es	No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	01 000	500110	02 01 1	1110/11	ш .		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct	tions.	and e	nter th	e date of the	lette	r rulin	ıa
	granting the waiver							
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	Enter the minimum required contribution for this plan year			12b				88889
С	Enter the amount contributed by the employer to the plan for this plan year			12c				88889
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left conegative amount)			12d				0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	X	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					\prod	es	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?			ntrol 			es [X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		130	(2) Ell	N(s)	13	c(3) F	PN(s)
					·			
`aı ı+	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	0 0311	so is a	oetabli	ishad			
Inde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned the Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r	rn/rep	ort, in	cluding	g, if applicabl			
	f schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r is, it is true, correct, and complete.	eport,	, and t	o ine b	esi of my kn	owie	uge a	iiu
	Filed with authorized/valid electronic signature. 10/01/2010 DAVID C WILLI							

SIGN	Filed with authorized/valid electronic signature.	10/01/2010	DAVID C WILLI					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	10/01/2010	DAVID C WILLI					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

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.

	► Complete all entries in acco	rdance wi	th the instructions to t	he Form 550	0-SF.	Ins	spection.		
	art Annual Report Identification Information					· · · · · · · · · · · · · · · · · · ·			
For	the calendar plan year 2009 or fiscal plan year beginning	01/0)1/2009 and	ending	12	/31/2009			
Α	This return/report is for: x single-employer plan] multiple-	employer plan (not multie	employer)		one-participa	nt plan		
В	This return/report is for: first return/report	final retu	n/report		_		,		
	an amended return/report	short plai	n year return/report (less	than 12 month	ns)				
С	Check box if filing under: X Form 5558	Ξ.	extension		,	DFVC progra	m		
	special extension (enter description		21 vo program						
	art II Basic Plan Information enter all requested info	ormation.	-,		dla :		1		
	·					Three-digit plan number			
	David C. Willi, Inc. Money Purchase Pension P.	lan				(PN) >	002		
						Effective date o	f plan		
2 a	Plan sponsor's name and address (employer, if for single-employer p	olan)				07/31/2008 Employer Identi	fication Number		
	David C. Willi, Inc.	,			2.D (EIN) 68-05	03417		
	12613 Ingraham Road						elephone number		
	12013 Inglanam Noad					(360) 794-6			
US	Snohomish WA 98290-3622					Business code (238100	see instructions)		
3a	Plan administrator's name and address (If same as plan employer, el Same	nter "Same	")			Administrator's I	EIN .		
	Same								
				ŀ	3c /	Administrator's t	elephone number		
							•		
4	If the name and/or EIN of the plan sponsor has changed since the las	st return/report filed for this plan, enter the			4b ein				
	name, EIN and the plan number from the last return. Sponsor's Name	e				4c PN			
5a	Total number of participants at the beginning of the plan year					11			
b	Total number of participants at the end of the plan year			• • • • • •	5a 5b		45 33		
С	Total number of participants with account balances as of the end of the complete this item)	he plan yea	r (defined benefit plans o	lo not	5c		29		
6a	Were all of the plan's assets during the plan year invested in eligible a	assels? (Se	e instructions.)				X Yes No		
b	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and If you answered "No" to either 6a or 6b, the plan cannot use Forn	d conditions	i.)				X Yes No		
Pa	rt III Financial Information		- Indiana indiana dia 1						
7	Plan Assets and Liabilities	T	(a) Beginning	of Year	Т	(b) End	of Vanz		
а	Total plan assets	. 7a	(a) beginning		 	(b) End			
b	Total plan liabilities	7b		40,159			148,886		
С	Net plan assets (subtract line 7b from line 7a)	. 7c		40,159			0		
3	Income, Expenses, and Transfers for this Plan Year	. ,,,	(2) 0		 	41.1.55	148,886		
а	Contributions received or receivable from:		(a) Amour	II.		(b) T	otal		
	(1) Employers	. 8a(1)		88,889]				
	(2) Participants	. 8a(2)		0]				
	(3) Others (including rollovers)	. <u>8a(3)</u>		0					
b	Other income (loss)	. 8b		24,312					
C	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					113,201		
d	Benefits paid (including direct rollovers and insurance premiums								
۵	to provide benefits)			4,474	-				
e f	Certain deemed and/or corrective distributions (see instructions)			0	-				
g	Administrative service providers (salaries, fees, commissions) Other expenses	8f		0					
		8g		0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)				-		4,474		
	Net income (loss) (subject line 8h from line 8c)						108,727		
1	Transfers to (from) the plan (see instructions)	l ai		0	1				

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Part	IV Plan Characteristics								
	the plan provides pension benefits, enter the applicable pension fea 2C 2G 2F 3D the plan provides welfare benefits, enter the applicable welfare feature.								
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	on within the time per	iod described in	10a		x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not include trans	actions reported	10a		х			
С	Was the plan covered by a fidelity bond?			10c	х				50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty?	delity bond, that was	caused by fraud	10d		х			30,000
е	Were any fees or commisions paid to any brokers, agents, or other insurance services or other organization that provides some or all of instructions.)	f the benefits under t	he plan? (See	10e		х			
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				1,686
h	If this is an individual account plan, was there a blackout period? (Sr 2520.101-3.)	ee instructions and 2	9 CFR	10h		х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or or	ne of the	10i					
	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	nts? (If "Yes," see ins	tructions and comple	ete Sc	hedul	e SB (I	=orm	TYes	X No
а	Is this a defined contribution plan subject to the minimum funding re- (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicat If a waiver of the minimum funding standard for a prior year is being granting the waiver ou completed line 12a, complete lines 3, 9, and 10 of Schedule M	ole.) amortized in this pla	n year, see instructio Mon	ıns, ar	nd ente	er the o	dale of the	letter rulind	
	Enter the minimum required contribution for this plan year .		•	. ,	. [12b		117 M	88,889
С	Enter the amount contributed by the employer to the plan for this pla	n year				12c			88,889
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)				· L	12d			0
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?	, , ,				Yes	No	X N/A
Part \							· · · · · · · · · · · · · · · · · · ·		
	Has a resolution to terminate the plan been adopted during the plan If "Yes," enter the amount of any plan assets that reverted to the em			· ·		 13a		. Yes	X No
С	Were all the plan assets distributed to participants or beneficiaries, trof the PBGC? If during this plan year, any assets or liabilities were transferred from which assets or liabilities or liabilities.					ol		. Yes	X No
13	c(1) Name of plan(s):				130	:(2) El	N(s)	13c(3)	PN(s)
	n: A penalty for the late or incomplete filing of this return/report v								
SB or S	enallies of perjury and other penallies set forth in the instructions, I denote the completed and signed by an enrolled actuary, as well as is true, correct, and complete.	leclare that I have ex the electronic version	amined this return/re in of this return/repor	eport, i rt, and	ncludi to the	ng, if a	applicable, a of my know	a Schedule ledge and	
SIGN		10/1/10	David C. Wil:	li					
HERÉ	The same of the sa	Date	Enter name of indi		signir	ng as p	lan admini	strator	
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of indi	vidual	signir	ng as e	mployer or	plan spon	301
									