## 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).

2010

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

Pa	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 01/01/20	)10	and ending	12/31/2	2010			
Α -	This return/report is for:	multiple-e	employer plan (not multiemployer)	one-participant plan				
	This return/report is for:	final retur	n/report					
	an amended return/report	Short plar	year return/report (less than 12 mo	nths)				
_	Check box if filing under: Form 5558	<del>-</del>	extension	,	DFVC program			
•			CATCHSION		_ Di vo piogram			
-	special extension (enter descrip	,						
	art II Basic Plan Information—enter all requested infor	mation		46				
	Name of plan			10	Three-digit plan number			
DEKI	NIE & BOYS 401(K) PLAN				(PN) ▶ 002			
				1c	Effective date of plan			
					01/01/2008			
	Plan sponsor's name and address (employer, if for single-employ	er plan)		2b	Employer Identification Number			
BERI	NIE & BOYS, INC.			20	(EIN) 91-1125929			
1122	25 - 1ST AVE. S.			2C	Plan sponsor's telephone number 206-248-1916			
SEAT	TTLE, WA 98168			2d	Business code (see instructions)			
					445110			
	Plan administrator's name and address (if same as Plan sponsor, NIE & BOYS, INC.		e")	3b	Administrator's EIN 91-1125929			
DLIN	SEATTLE,			30	***************************************			
				36	Administrator's telephone number 206-248-1916			
<b>4</b> II	If the name and/or EIN of the plan sponsor has changed since the	last return/re	port filed for this plan, enter the	4b	EIN			
ı	name, EIN, and the plan number from the last return/report. Spon		4-					
					PN			
_	Total number of participants at the beginning of the plan year			5a	38			
	Total number of participants at the end of the plan year			5b	28			
С	Total number of participants with account balances as of the end			5c	7			
60	complete this item)				X Yes ☐ No			
	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of		'					
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use	Form 5500-	SF and must instead use Form 55	00.				
Pa	art III   Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
	Total plan assets	7a	42018	1	478100			
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7с	42018	1	478100			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а		90(1)	640	7				
	(1) Employers		1828	9				
	(2) Participants	, ,	1020	_				
h	(3) Others (including rollovers)	- ` '	4440	8				
_			1440		69104			
۲ C		8c			00104			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1118	5				
е								
f	Administrative service providers (salaries, fees, commissions)							
g	Other expenses							
h					11185			
i	Net income (loss) (subtract line 8h from line 8c)				57919			
i	Transfers to (from) the plan (see instructions)							
,		···· 8j	I					

ı	Form 5500-SF 2010 Page <b>2-</b>								
rt IV	t IV Plan Characteristics								
	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char $2G-2J-2K-3D-2T$	acteris	tic Co	des in th	he instructions:				
If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Cod	des in th	ne instructions:				
t V	Compliance Questions								
Dur	ing the plan year:		Yes	No	Amount				
	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					
	re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X					
: Wa	s the plan covered by a fidelity bond?	10c	X		37500	0			
Did	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud			X					

	on line roa.)	100				
С	Was the plan covered by a fidelity bond?	10c	X		375	000
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	2	X		
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	2	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	2	X		
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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code				Yes X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.					
lf :	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		12	?b		
С	Enter the amount contributed by the employer to the plan for this plan year		12	?c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)		12	łd .		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			. Yes	No N	I/A
art	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		13	Ва		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought upon the PBGC?				Yes 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	(s) to			
1	3c(1) Name of plan(s):		13c(2	) EIN(s)	13c(3) PN(	(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	01/27/2011	LAURA SALLE
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

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. OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report Identific						
For	calendar plan year 2010 or fiscal plan y	ear beginning		and ending			
Α.	This return/report is for:	e-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	at also
В.	This return/report is for:	return/report	final retur			U one-participa	in pian
	* =	mended return/report	=	vear return/report (less than 12 mo	nibel		
C	<b>a</b>	n 5558	T	extension	iiiiaj	П веме	
		ial extension (enter desc		- CALCALORICAT		DFVC progra	ım
Pa	rt II Basic Plan Information		The same of the sa				
	Name of plan	I chiter all requested in	ionnation		146		
	NIE & BOYS 401(K) PLAN				מו	Three-digit plan number	
						(PN) ▶	002
					1c	Effective date of	f plan
-3-	Di-					01/01/2	
BER	Plan sponsor's name and address (em NIE & BOYS, INC.	iployer, it for single-empl	loyer plan)		2b	Employer Identif	
					20	(EIN) 91-112	W. W.M.
	5 - 1ST AVE. S.				20	206-24	elephone number 8-1916
SEA	TTLE WA 98168				2d	Business code (	see instructions)
3a	Plan administrator's name and address	s (if same as Plan snons	or enter "Same	71		445110	
SAM	E	o (ii samo do : lan apona	or, enter Same	= )	SD	Administrator's I	EI <b>N</b> 5929
					3c	Administrator's t	elephone number
4 1	f the name and/or EIN of the plan spon	sor has changed since t	ha laat setus lu			206-24	8-1916
- 1	name, EIN, and the plan number from t	the last return/report. Sp	ne last return/re onsor's name	epon filed for this plan, enter the	4b	EIN	
	*	50 % S1854			4c	PN	
5a	Total number of participants at the beg				5a	38	
b	Total number of participants at the end	d of the plan year	************		5b		28
С	Total number of participants with acco	ount balances as of the e	nd of the plan y	ear (defined benefit plans do not	10000		
	complete this item)		······································		5c		7_
h	Were all of the plan's assets during the Are you claiming a waiver of the annual and a second	te plan year invested in e	eligible assets?	(See instructions.)			X Yes No
550	under 29 CFR 2520.104-46? (See ins	structions on waiver eligit	cility and condit	ions.)			X Yes ∏ No
	if you answered "No" to either 6a o	r 6b, the plan cannot u	se Form 5500-	SF and must instead use Form 55	00.		□ res □ No
-	rt III   Financial Information		-				official
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
a	Total plan assets		(C) Alexandria	42018			478100
b	Total plan liabilities		7b				
<u></u>	Net plan assets (subtract line 7b from		7c	42018			478100
8_	Income, Expenses, and Transfers for		·	(a) Amount		(b) T	otal
а	Contributions received or receivable fit (1) Employers		00(4)	6407	7		
	(2) Participants			18289	_		
	(3) Others (including rollovers)			10203	<u>-</u>		
b	Other income (loss)			44408	$\dashv$		
С	Total income (add lines 8a(1), 8a(2), 8			44406	+	7 - 200	
d	Benefits paid (including direct rollover	s and insurance premiur	ns		-		69104
	to provide benefits)		8d	11185	5		
е	Certain deemed and/or corrective dist						
f	Administrative service providers (salar				1		
g	Other expenses						
h	Total expenses (add lines 8d, 8e, 8f, a						11185
ļ	Net income (loss) (subtract line 8h fro			SCO. Section 1.			57919
	Transfers to (from) the plan (see instru	uctions)	Ri		20		

Form	FENN	CE	20	10

C10.01	and the same of th	
Page 2	3 1	1

Enter name of individual signing as employer or plan sponsor

	rt IV					eristics	
9a	If th	e plar	prov	ides p	ensio	n benefit	, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions
	2E	2G	2J	2K	3D	2T	
b	If th	e plar	ı prov	rides v	velfare	e benefits	enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	v	Compliance Questions			- 1000	- 19		30 	
10		ing the plan year:			-	V			
	Wa	s there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	s within the time per	iod described in	10a	Yes	No X	-	Amount
b	We	re there any nonexempl transactions with any party-in-interest? (Eine 10a.)	Do not include transa	ctions reported	10a		×	197-11-12/	
С		s the plan covered by a fidelity bond?		10c	Х			375000	
d	Did	the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?		х		3/3000			
е	We	re any fees or commissions paid to any brokers, agents, or other parance service or other organization that provides some or all of the ructions.)	10d		х				
f		as the plan failed to provide any benefit when due under the plan?		10f		x			
g		the plan have any participant loans? (If "Yes," enter amount as of					х		
_	If th 252	is is an individual account plan, was there a blackout period? (Se 0.101-3.)	e instructions and 29	O CFR	10g		X	, ii	P . 3
i	If 1 exc	Oh was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or on	e of the	10i				
Part	VI	Pension Funding Compliance							
11	ls th 550	nis a defined benefit plan subject to minimum funding requirement 0))	s? (If "Yes," see inst	ructions and com	plete	Sched	dule SE	3 (Form	☐ Yes ☐ No
12	ls t	his a defined contribution plan subject to the minimum funding rec	quirements of section	1 412 of the Code	or se	ction	302 of	FRISA2	Yes X No
	If a grai	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl waiver of the minimum funding standard for a prior year is being a nting the waiver	amortized in this plar	Mon	nth	, and (	enter th Day	ne date of th	e letter ruling Year
b	Ent	er the minimum required contribution for this plan year		************************		Г	12b		
C	Ent	er the amount contributed by the employer to the plan for this plan	n year				12c		
d	Sub	etract the amount in line 12c from the amount in line 12b. Enter the attive 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						<u> </u>	
13a	Has	a resolution to terminate the plan been adopted during the plan	ear or any prior vea	r?					Yes X No
		es," enter the amount of any plan assets that reverted to the emp					13a		T ies M MO
	We of t	re all the plan assets distributed to participants or beneficiaries, trans	ansferred to another	plan, or brought	under	the co	ontrol		Yes X No
С	If d	uring this plan year, any assets or liabilities were transferred from ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify t	he pla	n(s) to	)		
1	3c(1	) Name of plan(s):		70		13	c(2) El	N(s)	13c(3) PN(s)
			1000						100(0)111(5)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	t will be assessed i	uniess reasonah	le cai	ieo ie	oetabl	liebod	
Unde SB or	r pe	nalties of perjury and other penalties set forth in the instructions, I ledule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have	ovaminad this	I	7	4 40		ole, a Schedule nowledge and
SIGN		Hania Salle	V1/24/11	LAURA SALLE					
HER	E	Signature of plan administrator	Date	Enter name of i	ndivid	ual sic	ning as	s plan admir	nistrator
SIGN									
HER	E	Signature of employer/plan sponsor	Date	Enter name of i	ndivid	ual sig	ning as	s employer	or plan sponsor