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

2010

This Form is Open to Public Inspection

P	Complete all	entries in acco	rdance wit	h the instructions to the Form 550	0-SF.	
	art I Annual Report Identification Inf					
For	calendar plan year 2010 or fiscal plan year beginnir	ng 01/01/20	10	and ending	2/31/2	2010
Α.	This return/report is for:	olan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	P	K final retur	n/report		_
_	an amended retu	rn/report	short plar	year return/report (less than 12 mo	nths)	
•	봄	Γ	╡		11110)	DEVC program
C	Check box if filing under: Form 5558			extension		DFVC program
	special extension	'	,			
Pa	rt II Basic Plan Information—enter all	equested inforr	mation		ı	
	Name of plan				1b	Three-digit
JC M	ANUFACTURING, INC. PROFIT SHARING PLAN					plan number 001
					10	(PN) •
					10	Effective date of plan 04/01/1996
2a	Plan sponsor's name and address (employer, if for	single-employe	ar nlan)		2h	Employer Identification Number
	ANUFACTURING, INC.	Single employe	or plairi)			(EIN) 91-0914318
					2c	Plan sponsor's telephone number
	BOX 98488 MOINES, WA 98198					206-824-7650
DLO	WONVES, W/V 00100				2d	Business code (see instructions) 334610
20	Diam administratoria nama and adduses (if access as	Diananan		- "\	2h	Administrator's EIN
JC M	Plan administrator's name and address (if same as ANUFACTURING, INC.	P.O. BOX 9		=)	30	91-0914318
		DES MOIN	ES, WA 981	98	3c	Administrator's telephone number
						206-824-7650
	f the name and/or EIN of the plan sponsor has char			port filed for this plan, enter the	4b	EIN
1	name, EIN, and the plan number from the last return	n/report. Spons	sor's name		4c	BN
52	Total number of participants at the beginning of the	nlan voor				8
					5a	
b	Total number of participants at the end of the plan	•			5b	0
С	Total number of participants with account balances complete this item)			•	5c	0
62	Were all of the plan's assets during the plan year					X Yes No
	Are you claiming a waiver of the annual examination	ū		'		
D	under 29 CFR 2520.104-46? (See instructions on					Yes No
	If you answered "No" to either 6a or 6b, the pla	• .		•		
Pa	rt III Financial Information					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total plan assets		7a	9511	1	0
b	Total plan liabilities		7b			
С	Net plan assets (subtract line 7b from line 7a)			9511	1	0
8	Income, Expenses, and Transfers for this Plan Yea			(a) Amount		(b) Total
a	Contributions received or receivable from:			(a) runoun		(5) 1015
	(1) Employers		8a(1)			
	(2) Participants		8a(2)			
	(3) Others (including rollovers)		8a(3)			
b	Other income (loss)		8b	1065	5	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			10655
d	Benefits paid (including direct rollovers and insural	•		40570	_	
	to provide benefits)		8d	105760	D .	
е	Certain deemed and/or corrective distributions (se	e instructions)	8e		_	
f	Administrative service providers (salaries, fees, co	mmissions)	8f			
g	Other expenses		8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					105766
i	Net income (loss) (subtract line 8h from line 8c)					-95111
i	Transfers to (from) the plan (see instructions)					

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		•	
Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onara	JIGI IƏLIGƏ

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2T 3D

b	f the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	racteris	tic Co	des in	the instru	ctions	:	
art	V Compliance Questions							
0	During the plan year:		Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described i 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	1 0a		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?	10c	X					15000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frauc or dishonesty?	10d		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	Х					359
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				
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	VI Pension Funding Compliance		•	•				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co						Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes	X No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	ao	,0110111	JOE 01		· <u>L</u>	ı	ш
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr granting the waiver							
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			,				
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		Г	12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)	ft of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	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?					X	Yes	No
-	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Γ	13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?					X	Yes	☐ No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pla	n(s) to	1			1	
1:	Sc(1) Name of plan(s):		13	c(2) EI	N(s)		13c(3)	PN(s)
		+				+		
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona	ble ca	use is	establ	ished.			
SB or	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this retur it is true, correct, and complete.							
	Filed with authorized/valid electronic signature. 02/25/2011 JEFFERY L. Cl	SSELL						

SIGN	Filed with authorized/valid electronic signature.	02/25/2011	JEFFERY L. CISSELL					
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).

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

		Identification Information		200000000000000000000000000000000000000		771
For	alendar plan year 2010 or fi		-	and ending		
Α -	his return/report is for:	X single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
В	his return/report is for:	first return/report	final return	n/report		- -
	a primaring a primary ago 2011 cata 1 at 1 at 1 at 1 at 1 at 2 at 1 at 1	an amended return/report	short plan	year return/report (less than 12 mor	nths)	
C	Check box if filing under:	☐ Form 5558	automatic	257/4 25 5/4		☐ DFVC program
•	meck box if filling under:	special extension (enter descripti				
Do	rt II Basic Plan Info	prmation—enter all requested inform				
0.75 7.7	Name of plan	ormation—enter all requested inform	тацоп	en e	1h	Three-digit
	Name of plan ANUFACTURING, INC. PRO	DEIT SHARING BI AN			ID	plan number
J (V)	ANDI ACTONINO, INC. PISC	27 TE STANING FEAR				(PN) • 001
					1c	Effective date of plan 04/01/1996
2a	Plan sponsor's name and ad	Idress (employer, if for single-employe	r plan)		2h	Employer Identification Number
	ANUFACTURING, INC.	taraca (amprojery mier amgra amproje	, p.e,			(EIN) 91-0914318
					2c	Plan sponsor's telephone number
	3OX 98488 MOINES WA 98198				-	206-824-7650
DES	MOINEO MW 30120				2d	Business code (see instructions) 334610
		nd address (if same as Plan sponsor,	enter "Same	")	3b	Administrator's EIN 91-0914318
SAM					3с	Administrator's telephone number
4 .			2 2 22			206-824-7650
		plan sponsor has changed since the laber from the last return/report. Spons		port filed for this plan, enter the	4b	EIN
					4c	PN
5a	Total number of participants	at the beginning of the plan year	••••		5a	8
b	Total number of participants	s at the end of the plan year			5b	0
С		with account balances as of the end			5c	0
6a		s during the plan year invested in eligi				X Yes ∏ No
b	Are you claiming a waiver o	f the annual examination and report o	f an indepen	dent qualified public accountant (IQ	PA)	
		? (See instructions on waiver eligibility				X Yes No
Da	rt III Financial Infor	ither 6a or 6b, the plan cannot use	-orm 5500-	SF and must instead use Form 55	00.	
7	Plan Assets and Liabilities	mation		(-) Pii	1	
a				(a) Beginning of Year 95111	_	(b) End of Year
b						0
	FORTH AN	ne 7b from line 7a)		95111	+	0
8	Income, Expenses, and Tra	***	76	WARN W		
а	Contributions received or re			(a) Amount	-	(b) Total
10.00			8a(1)			
	(2) Participants		8a(2)			
	(3) Others (including rollove	ers)	8a(3)			
b			2 3 3 3	10655	5	9
C	Total income (add lines 8a)	1), 8a(2), 8a(3), and 8b)	8c			10655
d		ect rollovers and insurance premiums	8d	105766	3	A A A A A A A A A A A A A A A A A A A
е	5	ective distributions (see instructions).				
f		ders (salaries, fees, commissions)	VIIS)			
g	The state of the s					
h	W.	ld, 8e, 8f, and 8g)				105766
	c,,poso (add iii100 0	-,, wit with well treatment to the title to the term		l	1.	.50100
i	Net income (loss) (subtract					-95111
i j		line 8h from line 8c)(see instructions)	8i			-95111

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raue Z-	

	FFAA	0	20	40
Form	22111		70	11

Dart IV	Plan Characteristics
Parity	Fian 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 2G 2T 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	During the plan year:		Yes	No	Ar	nount	
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		х			
¢	Was the plan covered by a fidelity bond?	10c	Х				15000
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		х		V 2000 - 1000	
e	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.)						359
f	Has the plan failed to provide any benefit when due under the plan?	10f		X		BM-0-28-1004-1-V-8-0-4-V-8-0-4-V-8-0-4-V-8-0-4-V-8-0-4-V-8-0-4-V-8-0-4-V-8-0-4-V-8-0-4-V-8-0-4-V-8-0-4-V-8-0-4	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х			
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	(max)			10.		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	ERISA?	Yes	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 amortized in this plan year, see instrugranting the waiver.	ıth	and e	nter th Day	e dale of the Y	leller rulir ear	ig
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		16			-	
	Enter the minimum required contribution for this plan year			12b			
	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 negative amount)	•••••	1	12d			
	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			Nat			
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?	*******				X Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					X Yes	No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	b	02445.5		
	3c(1) Name of plan(s):		13	13c(2) EIN(s)			PN(s)
				V			
Cau	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonat	ole car	use is	establ	ished.	1798 A	
Unde SB c	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return f, it is true, correct, and complete.	urn/re	port. ir	ncludin	if applicab	e, a Sche owledge a	dule and
SIG	N X Men L Cinc 12-21-201 JEFFERY L. C	ISSEL	.L				
HEF		ndivid	ual sig	ning as	s plan admini	strator	
SIG		indiala	unl =		- 11 - 1		
L	E Signature of employer/plan sponsor Date Enter name of	HICIVIO	uai Sig	ning as	employer o	pian spo	nsor