# 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

Part I Annual Report Identification Information									
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010								
Α .	This return/report is for: single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan				
В	This return/report is for: first return/report	final retur	n/report		_				
		short plar	year return/report (less than 12 mo	onths)					
C	Check box if filing under: Form 5558	·	extension	,	DFVC program				
	special extension (enter description		, exteriorer						
Do	<u>_</u> \	,							
	It I Basic Plan Information—enter all requested information—blan Name of plan	ation		1h	Three-digit				
	N ACOUSTICS, INC. 401(K) PLAN			10	nlan number				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	117700007100, INC. 101(N) 1 2 41				(PN) ▶ 001				
				1c	Effective date of plan				
					01/01/2008				
	Plan sponsor's name and address (employer, if for single-employer   N ACOUSTICS, INC.	plan)		2b	Employer Identification Number				
ALLE	N ACOUSTICS, INC.			20	(EIN) 91-18/6030 Plan sponsor's telephone number				
	BOSTON HARBOR RD NE			20	360-943-9781				
OLYI	MPIA, WA 98506			2d	2d Business code (see instructions)				
				<b>-</b>	238900				
3a ALLE	Plan administrator's name and address (if same as Plan sponsor, er N ACOUSTICS, INC. 5329 BOSTO	nter "Same N HARBO	e") DR RD NE	36	Administrator's EIN 91-1876030				
	OLYMPIA, W.	A 98506		3c	Administrator's telephone number				
					360-943-9781				
	the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
I	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	PN				
5a	Total number of participants at the beginning of the plan year		2						
b	Total number of participants at the end of the plan year		5b	2					
C	Total number of participants with account balances as of the end of			ac	_				
C	complete this item)		•	5c	2				
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	· · · · · · · · · · · · · · · · · · ·								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Pa	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			(a) Barrianing of Vaca		(h) Fod of Voca				
-	Plan Assets and Liabilities	7-	(a) Beginning of Year	7	(b) End of Year				
a h	Total plan assets  Total plan liabilities	7a 7b							
C	Net plan assets (subtract line 7b from line 7a)	7b	1979	7	673				
8	Income, Expenses, and Transfers for this Plan Year	7c							
а	Contributions received or receivable from:		(a) Amount		(b) Total				
<u> </u>	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	303	3					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			3033				
d	Benefits paid (including direct rollovers and insurance premiums		2215	7					
	to provide benefits)	8d	2215	<u>'</u>					
е									
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			22157				
i	Net income (loss) (subtract line 8h from line 8c)	8i			-19124				
i	Transfers to (from) the plan (see instructions)	Qί							

	F	orm 5500-SF 2010 Page <b>2-</b>								
Par	t IV	Plan Characteristics								_
Эа	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha $_{ m PF}$ 2G 2J 2K 3D	racteris	stic Co	des in	the instru	ction	is:		
		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	acteris	tic Cod	des in t	he instruc	ctions	<b>3</b> :		
art	V	Compliance Questions								_
0	Durir	ng the plan year:		Yes	No		An	nount		
а		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		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X					
С	Was	the plan covered by a fidelity bond?	10c	X					3500	)0
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		X					_
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X					
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					_
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR .101-3.)	10h		X					
i		n was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i		X					
art	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co						Yes	X	0
12	Is thi	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Coo	le or se	ection 3	302 of	ERISA?		Yes	×	0
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) <b>a</b> 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										
lf y	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			Day			u		
b	Enter	the minimum required contribution for this plan year			12b					
		the amount contributed by the employer to the plan for this plan year			12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)		[	12d					
е	Will t	ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A	١.
art	VII	Plan Terminations and Transfers of Assets								
3a	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?					>	Yes	N	lo

If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes No

### 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.	03/09/2011	LARRY ALLEN
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

#### Short Form Annual Return/Report of Small Employee Benefit Plan

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1210-0089

**2010** 

OMB Nos. 1210-0110

This Form is Open

► Complete all entries in accordance with the instructions to the Form 5500-SF. to Public Inspection Pension Benefit Guaranty Corporation Annual Report Identification Information 12/31/2010 01/01/2010 For calendar plan year 2010 or fiscal plan year beginning and ending one-participant plan multiple-employer plan (not multiemployer) single-employer plan This return/report is for: В This return/report is for: first return/report final return/report short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension Check box if filing under: Form 5558 special extension (enter description) Basic Plan Information - enter all requested information Part II 1b Three-digit 1a Name of plan plan number (PN) 001 ALLEN ACOUSTICS, INC. 401(K) PLAN 1c Effective date of plan 01/01/2008 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number (EIN) 91-1876030 ALLEN ACOUSTICS, INC. 2c Plan sponsor's telephone number 360-943-9781 5329 BOSTON HARBOR RD NE 2d Business code (see instructions) WA 98506 238900 OLYMPIA 3b Administrator's EIN 3a Plan administrator's name and address (If same as Plan sponsor, enter "Same") SAME 3c Administrator's telephone number 4b EIN 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/report. 4c PN 5a **5a** Total number of participants at the beginning of the plan year 5b **b** Total number of participants at the end of the plan year C Total number of participants with account balances as of the end of the plan year (defined 5c 2 benefit plans do not complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant No (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Part III (a) Beginning of Year (b) End of Year Plan Assets and Liabilities 19,797 <u>673</u> a Total plan assets 7a Total plan liabilities \_\_\_\_\_ 7b 19,797 673 Net plan assets (subtract line 7b from line 7a) ..... 7c Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers ..... 8a(2) (2) Participants (3) Others (including rollovers) ...... 8a(3) 3,033 **b** Other income (loss) SEE STATEMENT 1 8b C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с 22,157 STATEMENT **d** Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d Certain deemed and/or corrective distributions (see instructions) 8e Administrative service providers (salaries, fees, commissions) 8f 8g Q Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h

8i

Net income (loss) (subtract line 8h from line 8c)

Transfers to (from) the plan (see instructions) .

	Form 5500-SF (2010)	Page	2-				
A . S. 154	t IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of $2F$ $2G$ $2J$ $2K$ $3D$	f Plan	Charad	cterist	ic Codes	in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of	Plan C	haract	eristic	Codes in	the instr	uctions:
'a	t V Compliance Questions						
)	During the plan year:		Yes	No		Amoun	t
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		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include						
	transactions reported on line 10a.)	10b	<u> </u>	X			
С	Was the plan covered by a fidelity bond?	10c	X				35,00
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	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			
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		X			
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		X			
a	T VI Pension Funding Compliance						
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction	ns and	comp	lete		_	_
	Schedule SB (Form 5500))					Yes	X No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412	of the (	Code c	r			_
	section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					Yes	X No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year,	see ins	structio	ons, a	nd enter t	he date o	of the lette
	ruling granting the waiver. Month		Da	у		Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	o line	13.				
_	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						
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign						
	the left of a negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?					No	N/A
	t VII Plan Terminations and Transfers of Assets						à
a	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			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan,				<del></del>		
_	under the central of the PRC?		-			$\prod_{Vas}$	X No

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.

C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or

13c(3) PN(s)

13c(2) EIN(s)

SIGN	At M	3-3-11	Larry M. Allen
771	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
1	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):