## 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.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	art I	Annual Report I	dentification Informatio	n			
For	r calendar ı	plan year 2010 or fis	cal plan year beginning 01/0	1/2010	and ending	12/31/2	010
Α	This return	n/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return	n/report is for:	first return/report	final retu	n/report		_
			an amended return/report	short plai	year return/report (less than 12 mo	nths)	
C	Check hov	x if filing under:	☐ Form 5558	H .	extension	,	DFVC program
Ü	CHECK DOX	x ii iiiiig under.	special extension (enter des		o extension		
D	ort II	Pacia Blan Infa	<u> </u>	. ,			
	art II I		mation—enter all requested i	ntormation		1h	Three-digit
		pian RISES, INC. 401(K) F	P/S PLAN			15	nlan number
0_0	LITTLICT	(1020, 1140. 101(14) 1	7012/11				(PN) • 001
						1c	Effective date of plan
							01/01/2003
		nsor's name and ado RISES, INC.	Iress (employer, if for single-em	oloyer plan)			Employer Identification Number (EIN) 91-1702601
OLO	LIVILIA	CIOLO, IIVO.					Plan sponsor's telephone number
	CENTRAL						253-852-7608
KEN	IT, WA 980	J32-4321				2d	Business code (see instructions)
22	Dlanada	niniatrataria nama an	d address (if same as Dlan anon	antar "Cam	2"\	2h	541219 Administrator's EIN
GLJ	ENTERPE	RISES, INC.		ENTRAL AVE N.	,	35	91-1702601
			KENI,	WA 98032-452		3с	Administrator's telephone number
							253-852-7608
4			lan sponsor has changed since er from the last return/report. S		eport filed for this plan, enter the	4b	EIN
	namo, Em	, and the plan numb	ci nom me last retum/report. O	porisor s riarric		4c	PN
5a	Total nur	mber of participants	at the beginning of the plan year			5a	4
b	Total nur	mber of participants	at the end of the plan year			5b	5
С	c Total number of participants with account balances as of the end o			end of the plan	vear (defined benefit plans do not		_
	complete	e this item)				5c	5
		•	• , ,	ū	(See instructions.)		Yes   No
b					ndent qualified public accountant (IC ions.)		X Yes ☐ No
					SF and must instead use Form 55		
Pa		Financial Inforn					
7	Plan Ass	sets and Liabilities			(a) Beginning of Year		(b) End of Year
а	Total pla	n assets		7a	47197	3	630751
b	Total pla	n liabilities		7b			
С	Net plan	assets (subtract line	7b from line 7a)	7с	47197	3	630751
8	Income,	Expenses, and Tran	sfers for this Plan Year		(a) Amount		(b) Total
а		tions received or rec		2 (1)	1693	6	
					4880		
	• •	•			4000	<u>-</u>	
L-	` '	, 0	s)	` ` `	9304	2	
b		` ,			3304	_	158778
۲ C			, 8a(2), 8a(3), and 8b) t rollovers and insurance premiu				130770
d			t rollovers and insurance premiu				
е			ctive distributions (see instruction				
						_	
f	Administ	rative service provid	ers (salaries, fees, commissions	<i>'</i>			
f g		•	`	)8f			
	Other ex	penses	ers (salaries, fees, commissions	) 8f 8g			0
g	Other ex	penses penses (add lines 8d	ers (salaries, fees, commissions	) 8f 8g 8h			0 158778

Fo	orm 5500-SF 2010	Page <b>2-</b>	
Part IV	Plan Characteristics		
9a If the 2E 2	plan provides pension benefits, enter the applicable pension $F=2J=2K=3D$	on feature codes from the List of Plan Characteristic Codes in the instructions:	

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

a W 2 b W or c W d Di or e W in: in: f H: g Di f Ex 25 12 Is 15 12 Is gr If you b Er c Er d St ne e W Part VI 13a Ha	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 500))	10a 10b 10c 10d 10e 10f 10g 10h 10i nplete	and e	nter th	ERISA?	I	Yes X Yes X	No
2 b W or	Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported in line 10a.)  Was the plan covered by a fidelity bond?	10a 10b 10c 10d 10e 10f 10g 10h 10i nplete	Sched	X X X X X ule SB	ERISA?	I	Yes X Yes X	No No
or  c W d Di or e W in: in: f Hi g Di h If 25 i If ex Part VI 11 Is 55 12 Is (If you b Er c Er d Sune e W Part VII 13a Ha	In line 10a.)  Was the plan covered by a fidelity bond?  Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud r dishonesty?  Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, asurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)  It is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)  10 have 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.  11 Pension Funding Compliance  12 this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 500))  13 st his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  14 a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions to use of the waiver.  Morus completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	10c 10d 10e 10f 10g 10h 10i nplete	Sched	X X X X X ule SB	ERISA?	I	Yes X	No No
d Dioror e Winsins in the second of the seco	bid the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud r dishonesty?  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.)  It is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)  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.  It is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 500))  Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  Is a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions to ucompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	10d 10e 10f 10g 10h 10i nplete	Sched	X X X X ule SB G02 of E	ERISA?	I	Yes X	No No
or e W initial f Ha g Di h If 25 i If ex Part VI 11 Is 555 12 Is (If you b Er c Er d St ne e W Part VII 13a Ha	r dishonesty?  Vere 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.)  It is the plan failed to provide any benefit when due under the plan?  It is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)  10h was answered "Yes," check the box if you either provided the required notice or one of the xceptions to providing the notice applied under 29 CFR 2520.101-3.  Pension Funding Compliance  It this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 500))  Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  Is a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions to under the plan year, see instructions the waiver.  Morus completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	10e 10f 10g 10h 10i nplete e or se	and e	X X X X ule SB G02 of E	ERISA?	I	Yes X	No
f Harmonian in	Issurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)  It is the plan failed to provide any benefit when due under the plan?  It is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)  10h was answered "Yes," check the box if you either provided the required notice or one of the xceptions to providing the notice applied under 29 CFR 2520.101-3.  Pension Funding Compliance  It is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 500))  Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ("Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  Is a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver.  Mor uncompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	10f 10g 10h 10i nplete e or se	and e	X X X ule SB G02 of E	ERISA?	I	Yes X	No
g Di h If 25 i If ex Part VI 11 Is 55 12 Is (If gra If you b Er c Er d Su ne e W Part VII 13a Ha	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)  10h was answered "Yes," check the box if you either provided the required notice or one of the xceptions to providing the notice applied under 29 CFR 2520.101-3.  Pension Funding Compliance  this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 500))  st this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ("Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver.  Mor uncompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	10g 10h 10i nplete e or se	and e	X X Ule SB G02 of E	ERISA?	I	Yes X	No
h If 25 i If ex 25 i If ex 25 i If ex 25 i If you be Er c Er d St. ne e W	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)  10h was answered "Yes," check the box if you either provided the required notice or one of the xceptions to providing the notice applied under 29 CFR 2520.101-3	10h 10i nplete e or se	and e	x ule SB 302 of E	ERISA?	I	Yes X	_
25 i If ex Part VI 11 Is 55 12 Is (If a If	10h was answered "Yes," check the box if you either provided the required notice or one of the xceptions to providing the notice applied under 29 CFR 2520.101-3	10h 10i nplete e or se	and e	ule SB 602 of E	ERISA?	I	Yes X	No
Part VI 11 Is 55 12 Is (If you b Er c Er d St ne e W Part VII 13a Ha	10h was answered "Yes," check the box if you either provided the required notice or one of the xceptions to providing the notice applied under 29 CFR 2520.101-3	nplete e or se actions, nth	and e	nter th	ERISA?	I	Yes X	No
11 Is 55 12 Is (If a If a grant of the grant	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 500))	e or se	and e	nter th	ERISA?	I	Yes X	No
555 12 Isl (Iff a If a gra If you b Er c Er d Sune e W Part VII 13a Ha	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 500))	e or se	and e	nter th	ERISA?	I	Yes X	No
12 Is (If a If a gra If you b Er c Er d Su ne e W Part VII 13a Ha	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver.  Morula completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or se actions, nth	and e	02 of Enter th	ERISA?	I	ter ruling	_
(If a If a gra If you b Er c Er d Su ne e W Part VII 13a Ha	f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru ranting the waiver	ictions, nth	and e	nter th Day <sub>-</sub>	e date o	of the let		,
grand	ranting the waiver	nth		Day <sub>.</sub>				1
b Er c Er d Sune e W Part VII 13a Ha			ī	401				
C Er d Sune e W Part VII	a Cara Characa Calabara and an ancident and calabara Cara Character and an annual							
d Sune e W Part VII 13a Ha	nter the minimum required contribution for this plan year		··· ⊢	12b 12c				
e W Part VII 13a Ha								
Part VI 13a Ha	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount)			12d				
13a Ha	/ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
lf '	Plan Terminations and Transfers of Assets							
_	as a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>				Yes X	No
<b>b</b> W	"Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
of	/ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought f the PBGC?			ntrol 			Yes X	No
	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify thich assets or liabilities were transferred. (See instructions.)	he pla	n(s) to					
13c(1) Name of plan(s):				<b>13c(2)</b> EIN(s)			<b>13c(3)</b> PI	N(s)
Caution					shed.			
Under po SB or So belief, it	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	establi				

SIGN	Filed with authorized/valid electronic signature.	03/18/2011	GARY L. JOHNSON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	03/18/2011	GARY L. JOHNSON
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

P	art I Annual Report Identification Information					
For	the calendar plan year 2010 or fiscal plan year beginning	01/0	1/2010	and ending	12,	/31/2010
A	This return/report is for:	multiple-e	mployer plan (	not multiemployer)		one-participant plan
В	This return/report is for:	final returr	n/report		_	• • •
	an amended return/report	1	•	ort (less than 12 mont	hs)	
<u> </u>	Check box if filing under:	automatic	•	ort (1000 than 12 mon	, 	DFVC program
•		3	exterision		L	Drve program
_	special extension (enter description	<u> </u>				
	art II Basic Plan Information — enter all requested info	rmation.			1 41	
ıa	Name of plan				4	hree-digit lan number
	GLJ ENTERPRISES, INC. 401(K) P/S PLAN					PN) ▶ 001
					j	ffective date of plan
22	Plan sponsor's name and address (employer, if for single-employer p	alaa\				1/01/2003
Za	GLJ ENTERPRISES, INC.	nan)				imployer Identification Number EIN) 91-1702601
					·	lan sponsor's telephone number
	110 CENTRAL AVE N.				(	253) 852-7608
US	KENT WA 98032-4521					Business code (see instructions)
За	Plan administrator's name and address (If same as plan employer, e	nter "Same'	')			dministrator's EIN
	Same					
					3c A	dministrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/ren	ort filed for thi	s plan, enter the	4b ∈	IN
•	name, EIN and the plan number from the last return/report. Sponsor		ort med for tris	pian, onter the		
<del></del>					4c P	
эа b	Total number of participants at the beginning of the plan year				<u>5a</u> 5b	<b>4</b> 5
C	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of t				30	3
	complete this item)				5c	5
6a	Were all of the plan's assets during the plan year invested in eligible					X Yes No
b	Are you claiming a waiver of the annual examination and report of ar under 29 CFR 2520.104-46? (See instructions on waiver eligibility an			, , ,		Mys. Ch.
	If you answered "No" to either 6a or 6b, the plan cannot use For			ead use Form 5500.	• • •	Yes No
Pa	art III Financial Information					
7	Plan Assets and Liabilities		(a) B	eginning of Year		(b) End of Year
а	Total plan assets	. 7a	(.,, -	471,973		630,751
b	Total plan liabilities	. 7b		2,2,3,3		030,731
С	Net plan assets (subtract line 7b from line 7a)	. 7c	1	471,973	+	630,751
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		
a	Contributions received or receivable from:	3000 A 1000		a, Amount	4232	(b) Total
	(1) Employers	. 8a(1)		16,936		<b>公共产业工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工</b>
	(2) Participants	8a(2)		48,800		
	(3) Others (including rollovers)	. 8a(3)				
b	Other income (loss)	. 8b		93,042		
C	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				158,778
d	Benefits paid (including direct rollovers and insurance premiums					
_	to provide benefits)					
e	Certain deemed and/or corrective distributions (see instructions)	. 8e			0.3646	
†	Administrative service providers (salaries, fees, commissions)	. 8f				
g	Other expenses	· 8g	500000 (VS-SA) (A			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				0
i	Net income (loss) (subject line 8h from line 8c)	. 8i			1	158,778
<u>j</u>	Transfers to (from) the plan (see instructions)	. 8j				的第三人称单数 医克里克氏管

Par	IV	Plan Characteristics							
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2F 2J 2K 3D								
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Par	t۷	Compliance Questions							
10		ring the plan year:			Yes	No	Am	ount	
а		is there a failure to transmit to the plan any participant contribution within the time period descri	bed in			ж			
		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	$\cdots \cdots$	10a					
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions religion 10a.)	1	10b		x			
_			Ī	10c	x				0,000
c d		is the plan covered by a fidelity bond?							.,,,,,,,,
u		dishonesty?		10d		х			
е	We	ere any fees or commisions paid to any brokers, agents, or other persons by an insurance carrie	er.						
•		urance services or other organization that provides some or all of the benefits under the plan? (	See		3	x			
_		tructions.)		10e		х			
f		s the plan failed to provide any benefit when due under the plan?	1	10f		<u> </u>			
g		I the plan have any participant loans? (If "Yes," enter amount as of year end.)	$\cdots$	10g		Х			
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)		10h		x			
i	If 1	Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	Ī						
Par	COLUMN TO SERVICE STATE OF THE PERSON STATE OF	Pension Funding Compliance		LAULES IIA					
11	ls t	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions						☐Yes [	<b>x</b> No
12								<b>x</b> No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	a 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								
14		anting the waiver		th		Day	YY	ear	
					[	12b			
b		ter the minimum required contribution for this plan year				12c			
d d	Sui	ter the amount contributed by the employer to the plan for this plan year	o the left of a			12d			
е		Il the minimum funding amount reported on line 12d be met by the funding deadline?					Yes [	No [	]N/A
		Plan Terminations and Transfers of Assets							
13a		is a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes [	<b>X</b> No
.00		Yes," enter the amount of any plan assets that reverted to the employer this year			٦.۲	13a			
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or	brought und	er the	cont	rol			
	of f	the PBGC?						Yes [	<b>x</b> No
		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), in hich assets or liabilities were transferred. (See instructions.)	dentify the p	lan(s)	) to			<del></del>	
	13c(1) Name of plan(s):				13	3c(2) EIN(s)		13c(3) PN(s)	
								İ	
Caur	ion	A penalty for the late or incomplete filing of this return/report will be assessed unless rea	sonable ca	use i	s esta	hlishe		L	
		nalties of perjury and other penalties set forth in the instructions, I declare that I have examined						Schedule	
SBc	r Sch	nedule MB completed and signed by an enrolled actuary, as well as the electronic version of this	return/repo	rt, an	d to th	e best	of my knowle	edge and	
		true, correct, and complete.							
SI	SIGN Gary L. John								
1000	1000	Signature of plan administrator Date 5-)7-// Enter	name of indi	ividua	ıl sign	ing as	plan administ	rator	
SI	GN	Gary	L. John	son					
1000	RE	Signature of employer/plan sponsor Date 3-17-1/ Enter	name of indi	ividua	al sign	ing as	employer or p	olan sponso	or
-	-								

Page **2-**

Form 5500-SF 2010