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

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	rdance wit	n the instructions to the Form 550	0-SF.				
		lentification Information							
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	10	and ending 1	2/31/2	2010			
Α -	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	ant plan		
В -	This return/report is for:	first return/report	final retur	n/report					
		an amended return/report	short plar	year return/report (less than 12 mo	nths)				
C	Check box if filing under:	Form 5558	automatio	extension		DFVC progr	am		
		special extension (enter description	on)						
Pa	rt II Basic Plan Inforr	nation—enter all requested inform	nation						
1a	Name of plan				1b	Three-digit			
PRIN	CES INC. EMPLOYEES' PROF	FIT SHARING PLAN				plan number	001		
					10	(PN)	of plan		
					10	Effective date of 03/01/			
	Plan sponsor's name and addreCES, INC.	ess (employer, if for single-employer	r plan)		2b	Employer Ident	ification Number		
	020, 1110.				2c	Plan sponsor's	telephone number		
	BOX 2150 VILLE, WA 98844				0-1		76-3651		
			2a	Business code 45290	(see instructions)				
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")					3b Administrator's EIN				
PRIN	CES, INC.	P.O. BOX 2 ^o OROVILLE,			3c	91-0896430 3c Administrator's telephone number			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, en					509-476-3651 4b EIN				
	•	r from the last return/report. Sponse		F,					
	Total construction of a soft-to-cots of	the best startened the other com-			4c 5a	PN	76		
	5a Total number of participants at the beginning of the plan yearb Total number of participants at the end of the plan year					'			
		the end of the plan yearthe end of the end of			5b)			
	•	in account balances as of the end c		` .	5c		41		
6a	Were all of the plan's assets d	luring the plan year invested in eligib	ole assets?	(See instructions.)			X Yes No		
b				dent qualified public accountant (IQ			X Yes □ No		
				ons.)SF and must instead use Form 55					
Pa	rt III Financial Informa	<u> </u>	01111 0000	or and mast moteda ase rorm oo	 				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	d of Year		
а	Total plan assets		7a	573680)	(,	622111		
b	Total plan liabilities								
		7b from line 7a)		573680)		622111		
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b)	Total		
а	Contributions received or received		- 40						
	` , , ,			4.476	\dashv				
	• • • • • • • • • • • • • • • • • • • •		` '	4470	_				
	, ,)	` '	62746	\dashv				
b	b Other income (loss)				9		60040		
C		8a(2), 8a(3), and 8b)	8c				68219		
d		rollovers and insurance premiums	8d	15783	3				
е	Certain deemed and/or correct	tive distributions (see instructions)	8e		_				
f	Administrative service provider	rs (salaries, fees, commissions)	8f		_				
g	Other expenses		8g	4005	5				
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)	8h				19788		
i	Net income (loss) (subtract line	e 8h from line 8c)	8i				48431		
i	Transfers to (from) the plan (se	ee instructions)	8i						

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			-	~ :		
ı	Part I	v	Plan	(`hara	cteristi	~

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 2J 2K 3D

b	If th	he plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan C	Characteris	stic Co	des in	the instru	ctions		
art	: V	Compliance Questions							
0	Du	uring the plan year:		Yes	No		Ame	ount	
а	Wa	as there a failure to transmit to the plan any participant contributions within the time period describe 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions repornal line 10a.)			X				
С	W	/as the plan covered by a fidelity bond?	. 10c	X					45000
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra dishonesty?			X				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)			X				
f	На	as the plan failed to provide any benefit when due under the plan?	10f		X				
g	Dio	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	. 10h		X				
i		10h was answered "Yes," check the box if you either provided the required notice or one of the aceptions to providing the notice applied under 29 CFR 2520.101-3	. 10i						
art									
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and						Yes	No
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the						Yes	X No
	(If If a	"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 ir anting the waiver.	nstructions .Month	, and	enter th	ne date of	the le		
lf :	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.	г					
b	En	nter the minimum required contribution for this plan year			12b				
		nter the amount contributed by the employer to the plan for this plan year			12c				
	ne	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the agative amount)		<u> </u>	12d				7
е	Wi	ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No	N/A
art	VII	Plan Terminations and Transfers of Assets							_
3а	Ha	as a resolution to terminate the plan been adopted during the plan year or any prior year?				1		Yes	X No
	If "	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brouthe PBGC?	Ü	the co	ontrol 			Yes	X No
С		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden nich assets or liabilities were transferred. (See instructions.)	tify the pla	an(s) to)				
1	3c((1) Name of plan(s):		13c(2) EIN(s)				13c(3)	PN(s)
Caut	ion:	: A penalty for the late or incomplete filing of this return/report will be assessed unless reason	onable ca	use is	estab	lished.			
Jnde SB o	er pe r Sc	enalties of perjury and other penalties set forth in the instructions, I declare that I have examined this chedule MB completed and signed by an enrolled actuary, as well as the electronic version of this resist true, correct, and complete.	s return/re	port, ii	ncludin	g, if applic			
010		Filed with authorized/valid electronic signature. 04/15/2011 JAMES PRII	NCE						
SIG	N								

SIGN	Filed with authorized/valid electronic signature.	04/15/2011	JAMES PRINCE
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

art I Annual Report Identification Information	/ /							
	01/01/2	2010 and ending	12/31/2010					
This return/report is for: X single-employer plan	multiple-e	mployer plan (not multiemployer)	one-participant plan					
This return/report is for: first return/report	final retur	n/report						
an amended return/report	short plan	year return/report (less than 12 mon	ths)					
	•	• •	DFVC program					
oneak box is iming alloor:		GAGGIOION	☐ bi vo piografii					
hand "								
	ation							
•	OT 78 NT		1b Three-digit plan number					
PRINCES INC. EMPLOYEES, PROFIT SHARING F	PLAIN		(PN) ▶ 001					
			1c Effective date of plan					
			03/01/1981					
	plan)		2b Employer Identification Number					
PRINCES, INC.			(EIN) 91-0896430					
P.O. BOX 2150			2c Plan sponsor's telephone number					
White April 100 W		-	509-476-3651					
OROVILLE WA 98844			2d Business code (see instructions) 452900					
Plan administrator's name and address (if same as Plan sponsor. e	nter "Same	2")	3b Administrator's EIN					
PRINCES, INC.			91-0896430					
P.O. BOX 2150		Политический	3c Administrator's telephone number					
			509-476-3651					
		port filed for this plan, enter the	4b EIN					
operate and the pass resident for the last retain property operate	7 3 Harris	Name of the state	4c PN					
Total number of participants at the beginning of the plan year		/44//>>>>>>>>>>	5a 76					
Total number of participants at the end of the plan year			5b 80					
Total number of participants with account balances as of the end or	f the plan v	ear (defined benefit plans do not						
			5c 41					
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
Are you claiming a waiver of the annual examination and report of	an indeper	dent qualified public accountant (IQF	PA)					
Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper and conditi	dent qualified public accountant (IQF ons.)	PA) X Yes No					
Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	an indeper and conditi	dent qualified public accountant (IQF ons.)	PA) X Yes No					
Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III	an indeper and conditi	dent qualified public accountant (IQF ons.) SF and must instead use Form 550	YA) X Yes No.					
Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities	an indeper and conditi orm 5500-	dent qualified public accountant (IQF ons.)SF and must instead use Form 550 (a) Beginning of Year	YA) X Yes No					
Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets	an indeper and conditi orm 5500-	dent qualified public accountant (IQF ons.) SF and must instead use Form 550	YA) Yes No					
Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan liabilities Total plan liabilities	an indeper and conditi orm 5500- 7a 7b	dent qualified public accountant (IQF ons.)SF and must instead use Form 550 (a) Beginning of Year	(b) End of Year 622111					
Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities. Net plan assets (subtract line 7b from line 7a).	an indeper and conditi orm 5500- 7a 7b	dent qualified public accountant (IQF ons.)	(b) End of Year 622111					
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Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	an indeper and condition 5500- 7a 7b 7c 8a(1) 8a(2)	dent qualified public accountant (IQF ons.)	(b) End of Year (c) 622111 (b) Total					
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Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	an indeper and condition 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	dent qualified public accountant (IQF ons.)	(b) End of Year (c) 622111 (b) Total 68219					
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Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	an indeper and condition 5500- 7a	dent qualified public accountant (IQFons.)	(b) End of Year (c) 622111 (b) Total (88219					
	This return/report is for: an amended return/report an amended return/report an amended return/report an amended return/report The special extension (enter description of plan princes in the special extension (enter description of plan princes in the special extension (enter description of plan princes in the special extension (enter description of the plan special extension (enter description of the plan special extension (enter description of the plan special extension (enter description of princes information enter all requested information of princes in the plan special extension (enter description of principal extension (enter description of the plan special extension (enter description of participants extension (enter description of the plan special extension (enter description of princes in the plan special extension (enter description of participants extension (enter description (enter description of participants extension (enter description	This return/report is for: an amended return/report short plan short plan short plan special extension (enter description) art Basic Plan Information—enter all requested information Name of plan PRINCES INC. EMPLOYEES' PROFIT SHARING PLAN Plan sponsor's name and address (employer, if for single-employer plan) PRINCES, INC. P.O. BOX 2150 OROVILLE WA 98844 Plan administrator's name and address (if same as Plan sponsor, enter "Same PRINCES, INC. P.O. BOX 2150 OROVILLE WA 98844 If the name and/or EIN of the plan sponsor has changed since the last return/rename, EIN, and the plan number from the last return/report. Sponsor's name Total number of participants at the beginning of the plan year Total number of participants with account balances as of the end of the plan y complete this item)	This return/report is for: first return/report final return/report short plan year return/report short plan year return/report short plan year return/report short plan year return/report (less than 12 mon check box if filing under: Form 5558 automatic extension special extension (enter description) Special extension (enter description) Art Basic Plan Information—enter all requested information Name of plan PRINCES INC. EMPLOYEES' PROFIT SHARING PLAN Plan sponsor's name and address (employer, if for single-employer plan) PRINCES, INC. P.O. BOX 2150 OROVILLE WA 98844 Plan administrator's name and address (if same as Plan sponsor, enter "Same") PRINCES, INC. P.O. BOX 2150 OROVILLE WA 98844 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. Sponsor's name Total number of participants at the end of the plan year					

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Page	2-	

Part IV	Plan	Characteristics
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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 2J 2K 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		Amount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Correction Progra	am)	10a		Х		_	
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not include trans	actions reported	10b		х			
C	Was the plan covered by a fidelity bond?	************		10c	Х				45000
đ	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	delity bond, that was	caused by fraud	10d		х			
е									
f	Has the plan failed to provide any benefit when due under the plan?	?		10f		Х			wi
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? (S 2520.101-3.)	See 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-	required notice or or	e of the	10í					
Part									
11	Is this a defined benefit plan subject to minimum funding requireme 5500))	nts? (If "Yes," see ins	tructions and comp	lete :	Sched	lule SB	(Form	Yes	☐ No
12	Is this a defined contribution plan subject to the minimum funding re							Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ble.) pamortized in this pla	n year, see instructi	ions,	and e	enter th	e date of the	e letter ruli Year	ng
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule								
þ	Enter the minimum required contribution for this plan year	•••••			L	12b			
	Enter the amount contributed by the employer to the plan for this pla					12c			
đ	Subtract the amount in line 12c from the amount in line 12b. Enter the amount in line 12b. Enter the amount in line 12b.	he result (enter a min	us sign to the left of	f a 	[12d	***		
е	Will the minimum funding amount reported on line 12d be met by th	e funding deadline?	***************************************		*****		Yes	No	N/A
Part '	/II Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior yea	ır?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the em					13a			*****
	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?	***************************************						Yes	X No
С	If during this plan year, any assets or liabilities were transferred fror which assets or liabilities were transferred. (See instructions.)	n this plan to another	plan(s), identify the	e plar	1(s) to				
1	3c(1) Name of plan(s):				13	c(2) El	N(s)	13c(3)	PN(s)

Cauti	on: A penalty for the late or incomplete filing of this return/repo	ort will be assessed	uniess reasonable	cau	se is	establ	ished.		
SB or	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	I declare that I have I as the electronic ver	examined this return sion of this return/re	n/rep eport	ort, ir , and	ncluding to the t	g, if applicat best of my k	ole, a Sche nowledge	edule and
SIGN	James Princo	4/13/11	JAMES PRINC	E		11-12-		*****	
HERI		Date	Enter name of inc	livid	al sig	ning as	s plan admir	istrator	
SIGN					~: ~ ,4	<u>g u</u> .	- Promi dumilis		
HERI		Date	Enter name of inc	liviet	ral cia	nina sa	. compleyees		