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	ension Benefit Guaranty Corporation Comp	lete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.				
	art I Annual Report Identificat								
For	calendar plan year 2010 or fiscal plan year	beginning 01/01/20	10	and ending 1	2/31/2	2010			
Α.	This return/report is for:	nployer plan	multiple-e	employer plan (not multiemployer)		one-participant	plan		
В	B This return/report is for:								
	an amended return/report short plan year return/report (less than 12 months)								
С	C Check box if filing under: Form 5558 automatic extension					DFVC program			
_	The state of the s	xtension (enter descript	ion)						
Do		•	,						
	art II Basic Plan Information—e	enter all requested inforr	nation		1h	Three-digit	_		
	Name of plan TERY COMMUNICATIONS, INC. 401(K) F	PROFIT SHARING DI AI	M		ID	plan number			
FIXIIN	TERT COMMUNICATIONS, INC. 401(R) F	ROFTI SHARING FLAI	N			(PN)	001		
					1c	Effective date of pl	an		
						01/01/200			
2a	Plan sponsor's name and address (employ	er, if for single-employe	er plan)		2b	Employer Identifica			
PRIN	TERY COMMUNICATIONS, INC.					(EIN) 91-097223			
621 7	TYLER ST.				2c	Plan sponsor's tele	phone number		
	T TOWNSEND, WA 98368				24				
					Zu	Business code (see 323100	e instructions)		
3a	Plan administrator's name and address (if	same as Plan sponsor,	enter "Same	e")	3b	Administrator's EIN	1		
PRIN	TERY COMMUNICATIONS, INC.	631 TYLER PORT TOW	ST.			91-097223			
		70101701	MOLND, W	77.0000	3с	C Administrator's telephone number 360-385-1256			
<u> </u>	f the name and/or FINI of the plan ananor.	has shanged since the l	004 504:550/50	an art filed for this plan, anter the	4b EIN				
	f the name and/or EIN of the plan sponsor I name, EIN, and the plan number from the la			eport filed for this plan, enter the	4D	EIN			
	,,,,,,,,,,,,				4c	4c PN			
5a	Total number of participants at the beginn	ing of the plan year			5a	a ·			
b	Total number of participants at the end of	the plan year			5b		18		
С	Total number of participants with account								
	complete this item)			•	5c		18		
6a	Were all of the plan's assets during the pl	an year invested in eligi	ble assets?	(See instructions.)			Yes No		
b	Are you claiming a waiver of the annual ex	xamination and report of	f an indeper	ndent qualified public accountant (IQ	PA)		 ⊠ □		
	under 29 CFR 2520.104-46? (See instruc						^ Yes ∐ No		
Do	If you answered "No" to either 6a or 6b rt III Financial Information	, the plan cannot use	Form 5500-	SF and must instead use Form 55	00.				
				I					
7	Plan Assets and Liabilities			(a) Beginning of Year))	(b) End of	Year 366252		
а	Total plan assets		<u>7a</u>	200233	,		300232		
b	Total plan liabilities			000000			000050		
<u> </u>	Net plan assets (subtract line 7b from line	7a)	7с	268233	3		366252		
8	Income, Expenses, and Transfers for this			(a) Amount		(b) Tot	al		
а	Contributions received or receivable from:		90/1)	11376	3				
	(1) Employers		•	60275	;				
	(2) Participants		` '	002.0	-				
L	(3) Others (including rollovers)		, ,	39076					
b	Other income (loss)			39070	,		110727		
C	Total income (add lines 8a(1), 8a(2), 8a(3)	•	<u>8c</u>				110727		
d	Benefits paid (including direct rollovers an to provide benefits)		8d	12708	3				
е	Certain deemed and/or corrective distribute								
f	Administrative service providers (salaries,								
g	Other expenses	•							
h	Total expenses (add lines 8d, 8e, 8f, and 8						12708		
i	Net income (loss) (subtract line 8h from lin						98019		
i	Transfers to (from) the plan (see instruction								
	to plan (coo mondono	··-, ······	···ı Xı	1					

	F	orm 5500-SF 2010 Page 2-						
Par	t IV	Plan Characteristics						
		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	racteris	stic Co	odes in	the instruction	ns:	
		PE 2G 2J 2T 3D plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	o oto rio	tio Co	daa :a t	tha inaturatio		
D	ii iiie	plan provides wellare benefits, effer the applicable wellare fleature codes from the List of Flan Chai	acteris	iic Co	ues III i	ine mstruction	15.	
art	V	Compliance Questions				-		
0	Durin	ng the plan year:		Yes	No	A	mount	
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				25000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X			
е		e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,						
	insur	ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X			
f	Has t	the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did tl	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		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					
art	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con					Yes	No
12	Is thi	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc	e or se	ction	302 of I	ERISA?	Yes	X No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruing the waiver.					letter rulir ear	
lf y	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		_		τ		
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 lef tive amount)	t of a	[12d			
е	Will th	ne 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	a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	X No
		s," enter the amount of any plan assets that reverted to the employer this year			13a			
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough					Yes	X No

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

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 liabilities were transferred. (See instructions.)

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.

13c(3) PN(s)

SIGN	Filed with authorized/valid electronic signature.	04/25/2011	E. MICHAEL KENNA
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

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

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▶ 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	calendar plan year 2010 or fis			and ending				
ΑТ	his return/report is for:	X single-employer plan	multiple-employer plan (not multiemployer) one-participant plan					
Вт	his return/report is for:	first return/report	inal return/report					
an amended return/report short plan year return/report (less than 12 m								
C Check box if filing under: Form 5558 automatic extension					DFVC progra	ım		
		special extension (enter descript	ion)					
Pa	rt II Basic Plan Info	rmation—enter all requested inform	nation			-		
-	Name of plan	one, an requested miss.			1b	Three-digit		
		INC. 401(K) PROFIT SHARING PLA	N	!!		plan number		
		Windows with the Windows Committee of the Control o				(PN) ▶ 001		
					10	Effective date o		
	Plan sponsor's name and add TERY COMMUNICATIONS,	dress (employer, if for single-employe INC.	er plan)		2b	Employer Identi (EIN) 91-097		
	YLER ST.				2c	Plan sponsor's 360-38	lelephone number 5-1256	
POR'	T TOWNSEND WA 98368					323100		
3a SAM		d address (if same as Plan sponsor,	enter "Same	")	3b	Administrator's 91-097		
		97800 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			3с	Administrator's 360-38	telephone number 5-1256	
		plan sponsor has changed since the l		port filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan num	ber from the last return/report. Spons	sor's name		4c	PN		
5a Total number of participants at the beginning of the plan year			5a		18			
b Total number of participants at the end of the plan year					5b		18	
С		with account balances as of the end			5с		18	
6a	Were all of the plan's assets	s during the plan year invested in elig	ible assets?	(See instructions.)			Yes No	
b	Are you claiming a waiver of	the annual examination and report of	f an indepen	dent qualified public accountant (IQI	PA)		X Yes ∏ No	
		? (See instructions on waiver eligibility ither 6a or 6b, the plan cannot use				***************************************	ĭ Yes ∐ No	
Pa	rt III Financial Inform		1 01111 0000-	or and must mistead use rollin os	JU			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
a			7a	268233		(5) = 110	366252	
			(9.0am)		-			
5755	W SWOW WWS	e 7b from line 7a)		268233		2.50	366252	
8	Income, Expenses, and Trai	nsfers for this Plan Year	35.00	(a) Amount	one Vi	(b) ·	Total	
а	Contributions received or re-	ceivable from:		11376				
	(6) (7)		585 325865	1000 000				
	6 VAII 15		5.1.1.1	60275	5			
24	ACCUPATION AND ACCUPATION AND ACCUPATION AND ACCUPATIONS AND ACCUPATION ACCUPATION ACCUPATION ACCUPATION ACCUPATION AND ACCUPATION ACCUPATION ACCUPATION ACCUPATION ACCUPATION ACCUPATION	ers)		AAAAA				
	A			39076			14070	
C	A HELD GREEK HAR AND A CONTROL OF THE CONTROL OF THE WORLD CONTROL OF THE SECTION	I), 8a(2), 8a(3), and 8b)	8c			Machine va Berningship va - 10	110727	
d	to provide benefits)	ct rollovers and insurance premiums		12708				
е		ective distributions (see instructions).			4			
f	Administrative service provide	ders (salaries, fees, commissions)	Total State Control					
g	2250							
h	And the same and	d, 8e, 8f, and 8g)					12708	
i	Annual Control of the State of the Control of the C	line 8h from line 8c)					98019	
ī	Transfers to (from) the plan	(see instructions)	Ri	1				

Page	2-	1

100000000000000000000000000000000000000	FF00		~~	
Form	ココロル	1-51	70	11

Dort IV	Plan Characteristics
Partiv	Plan Unaracteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 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							
10	During the plan year:	v	Yes	No	Ar	nount	
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			x			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte on line 10a.)			х			
С	Was the plan covered by a fidelity bond?				.=		25000
d		at was caused by fraud		х	3000		
е	The Section of the Se		x	16-1			
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	20011272633		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		x			
h	If this is an individual account plan, was there a blackout period? (See instruction: 2520.101-3.)	s and 29 CFR		х			
Ĭ	If 10h was answered "Yes," check the box if you either provided the required notice exceptions to providing the notice applied under 29 CFR 2520.101-3				2 5430		
Part	t VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," 5500))					Yes	∏ No
12	Is this a defined contribution plan subject to the minimum funding requirements o					Yes	N _O
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		ouon oo	2 01 27 (10)			□
а	If a waiver of the minimum funding standard for a prior year is being amortized in granting the waiver.	his plan year, see instructions	and en	er the date Day	of the	letter rul ear	ing
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 55		1/2-1-1-1				
b	Enter the minimum required contribution for this plan year		1	2b			
C	Enter the amount contributed by the employer to the plan for this plan year		1	2c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (entennegative amount)	r a minus sign to the left of a	1	2d			
е	Will the minimum funding amount reported on line 12d be met by the funding dear	lline?			s 🗌	No	N/A
Part	VII Plan Terminations and Transfers of Assets	S STATE OF THE STA					
13a	Has a resolution to terminate the plan been adopted during the plan year or any p	rior year?	<u></u>		Vi	Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this ye	ar	1	3a			
	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?			lrol 		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to a which assets or liabilities were transferred. (See instructions.)	another plan(s), identify the pla	n(s) lo				
: 1	13c(1) Name of plan(s):		13c(2) EIN(s)		13c(3)	PN(s)
Caut	tion: A penalty for the late or incomplete filing of this return/report will be ass	essed unless reasonable cau	ıse is es	stablished	. '		- Te-mainte
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							
nelle	belief, it is true, correct, and complete.						
SIG		E. MICHAEL KENNA	(45) = 6				
HER	RE Signature of plan administrator Date	Enter name of individ	ual signi	ng as plan	adminis	strator	
SIG	2002				-		
HER	RE Signature of employer/plan sponsor Date	Enter name of individ	ual signi	ng as empl	oyer or	plan sp	onsor