	Form 5500-SF			Report of Small Employ	OMB Nos. 1210-0110 1210-0089					
	Internal Reviews			: Plan	2010					
Department of Labor         This form is required to be filed unde           Employee Benefits Security Administration         Internal Revent					This Form is Open to Public					
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 550						Inspection 00-SF.				
		entification Information								
For	calendar plan year 2010 or fisca		0	and ending 1	2/31/2	2010				
Α	This return/report is for:	eturn/report is for:								
B	This return/report is for:									
	an amended return/report short plan year return/report (less than 12 r				nths)	_				
С	Check box if filing under:		DFVC program							
r		special extension (enter description								
		nation—enter all requested information	ation		41					
	Name of plan				10	Three-digit plan number				
IIVIAC	JINE HOS 40 IK FLAN				(PN) ► 001					
						Effective date of plan 01/01/2001				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-1479610				
3410	A ST SE				2c	Plan sponsor's telephone number 253-872-7807				
AUBI	JRN, WA 98002-8807				2d	Business code (see instructions) 336410				
3a	Plan administrator's name and	3b	Administrator's EIN 91-1479610							
		3c	<b>c</b> Administrator's telephone number							
4	f the name and/or EIN of the pla	port filed for this plan, enter the	4b	253-872-7807 EIN						
		r from the last return/report. Sponso	, ,							
- <b>F</b> o	Total associate of a outlining starts				4c 5a	PN94				
	Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year					100				
b	Total number of participants at	5b	100							
С						53				
6a	complete this item)									
b	<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
Pa	rt III Financial Informa									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	otal plan assets		794364	4 108617						
b	Total plan liabilities			3910	1562					
C	Net plan assets (subtract line 7	b from line 7a)	7c	790454	1	1084608				
8	Income, Expenses, and Transf			(a) Amount		(b) Total				
а	Contributions received or recei (1) Employers	vable from:	8a(1)	57063	3					
	., .,			146060	)					
				6708	1					
b				106628	3					
C	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			376832				
d		ollovers and insurance premiums	8d	80575	5					
е	, ,			(	)					
f	<ul> <li>Certain deemed and/or corrective distributions (see instructions)</li> <li>Administrative service providers (salaries, fees, commissions)</li> </ul>			2103	3					
g	•			(	)					
h	•	Be, 8f, and 8g)	U			82678				
i		8h from line 8c)				294154				
j		e instructions)		(	)					

## Part IV Plan 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 2F 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	D	uring the plan year:		Yes	No		Amou	int	
а		/as 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.)			X				
С	Was the plan covered by a fidelity bond?		10c	Х				1(	00000
d		Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							
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	Н	Has the plan failed to provide any benefit when due under the plan?			X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			Х					3718
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				X				
i		10h 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	10i						
Part	V	Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))								
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							X 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 granting the waiver								
lf y	yoı	ı completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-					
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				12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)				12d				
е	W	ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	)	N/A
Part	V	I Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?							Yes	X No
	lf	"Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	W	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						X No	
С	lf	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t hich assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s):				<b>13c(2)</b> EIN(s) <b>13c(3)</b> PN(s)				PN(s)	
Caut	ior	: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establi	ished.			

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.	04/27/2011	SUZI RAYBELL				
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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