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	▶ Complete all entries in accor	dance 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	0	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 progra	am	
		special extension (enter description	on)					
Pa	rt II Basic Plan Inforr	mation—enter all requested inform	nation					
1a	Name of plan				1b	Three-digit		
JS PI	RODUCTS, INC. PROFIT SHAF	RING PLAN				plan number	001	
					4-	(PN) •		
					10	Effective date of 09/24/		
2a	Plan sponsor's name and addre	ess (employer, if for single-employer	r plan)		2b	Employer Ident		ımber
JS PI	RODUCTS, INC.		. ,			(EIN) 91-111		
3003	- 87TH AVE. CT. E.				2c	Plan sponsor's	telephone 15-6419	number
	EWOOD, WA 98371				2d	Business code		ctions)
-						423200	0	001
3a	Plan administrator's name and RODUCTS, INC.	address (if same as Plan sponsor, 6 3003 - 87TH	enter "Same	<u>e"</u>)	3b	Administrator's		
0011	(OBOOTO, IIVO.	EDGEWOO			30	Administrator's		numher
						253-84	15-6419	namber
		an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN		
ı	name, EIN, and the plan numbe	er from the last return/report. Sponso	or's name		4c	PN		
5a	Total number of participants at	the beginning of the plan year			5a	1		2
	• • •	the end of the plan year			5b			2
		ith account balances as of the end o			0.0			
				` .	5c		Post .	2
		. , ,		(See instructions.)			Yes	s No
b				ndent qualified public accountant (IQ ons.)			X Yes	s П No
				SF and must instead use Form 55			Ц . «	, U
Pa	rt III Financial Informa							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	d of Year	
а	Total plan assets		. 7a	764220)			740579
b	Total plan liabilities		7b					
С	Net plan assets (subtract line 7	7b from line 7a)	. 7с	764220)			740579
8	Income, Expenses, and Transf	fers for this Plan Year		(a) Amount		(b)	Total	
а	Contributions received or received		2 (1)					
	, , , ,				-			
	` '		` '		-			
L	, ,)	1	52359	_			
	,			32338	,			52359
۲ C		8a(2), 8a(3), and 8b)	8c					32333
d		rollovers and insurance premiums	8d	76000)			
е		tive distributions (see instructions)						
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f					
g	Other expenses		. 8g					
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h					76000
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i					-23641
i	Transfers to (from) the plan (se	ee instructions)	. 8i					

Form 5500-SF 2010	Page 2-
-------------------	----------------

		•	
Part IV	Dian	('harac	tarietice
ганти	гіан	Cilaiac	เธาเอเเษอ

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

2E 3D

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 9a

D	ir tn	le plan provides welfare benefits, enter the applicable welfare featur	re codes from the i	List of Plan Chara	cteris	iic Cod	ies in 1	ine instru	ctions:	
art	٧	Compliance Questions								
0	Du	ring the plan year:				Yes	No		Amou	ınt
а		as there a failure to transmit to the plan any participant contributions 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X			
b		ere there any nonexempt transactions with any party-in-interest? (Do		· ·	10b		X			
С	W	as the plan covered by a fidelity bond?			10c	X				70000
d		d the plan have a loss, whether or not reimbursed by the plan's fideli dishonesty?			10d		X			
е	ins	ere any fees or commissions paid to any brokers, agents, or other per surance service or other organization that provides some or all of the structions.)	e benefits under the	e plan? (See	10e		X			
f	На	is the plan failed to provide any benefit when due under the plan? \dots			10f		X			
g	Dio	d the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10g		X			
h		his is an individual account plan, was there a blackout period? (See 20.101-3.)			10h					
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
art	VI	Pension Funding Compliance								
11		his a defined benefit plan subject to minimum funding requirements?							. 🔲	Yes No
12 a	(If ' If a	this a defined contribution plan subject to the minimum funding requ "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable. I waiver of the minimum funding standard for a prior year is being am Inting the waiver.	e.) mortized in this plar	n year, see instruc	tions,	and e	nter th	e date of	the lette	
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB					Day		rear _	
b	En	ter the minimum required contribution for this plan year					12b			
С	En	ter the amount contributed by the employer to the plan for this plan y	year				12c			
d		btract the amount in line 12c from the amount in line 12b. Enter the r gative amount)	,	-			12d			
е	Wil	Ithe minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	N/A
art	VII	Plan Terminations and Transfers of Assets								
3а	На	s a resolution to terminate the plan been adopted during the plan year	ear or any prior yea	r?				T	,	Yes X No
		Yes," enter the amount of any plan assets that reverted to the emplo					13a			
b	of t	ere all the plan assets distributed to participants or beneficiaries, tran								Yes X No
С		during this plan year, any assets or liabilities were transferred from th ich assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	e pla	n(s) to			- 1	
1	3c(1) Name of plan(s):				13	c(2) El	N(s)	13	Bc(3) PN(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonabl	e cau	ıse is	establ	ished.		
Jnde SB o	r pe r Sc	enalties of perjury and other penalties set forth in the instructions, I do hedule MB completed and signed by an enrolled actuary, as well as strue, correct, and complete.	leclare that I have	examined this retu	ırn/rep	ort, in	cludin	g, if applic		
SIGI		Filed with authorized/valid electronic signature.	5/13/2011	JOHN M. STRET	СН					
	_ †									

SIGN	Filed with authorized/valid electronic signature.	05/13/2011	JOHN M. STRETCH
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

Internal Revenue Service

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

	rt I Annual Report Identification Information		3 40 200 300 300 20		3,000	
For	calendar plan year 2010 or fiscal plan year beginning		and ending			
ΑТ	This return/report is for:	mulliple-e	mployer plan (not multiemployer)		one-participant pla	n
В 1	This return/report is for: first return/report	final return	n/report			
	·		year return/report (less than 12 mor	ths)		
C		**************************************	extension	,	DFVC program	
0 (special extension (enter description		CACHSION		☐ bi ve piogram	
-		×				
	rt II Basic Plan Information—enter all requested informa Name of plan	tion		46		
	RODUCTS, INC. PROFIT SHARING PLAN			10	Three-digit plan number	
JO 1-1	CODOCTS, INC. PROFIT SHARING FLAN				(PN) DO	01
				1c	Effective date of plan	
22	Plan sponsor's name and address (employer, if for single-employer p		**	2h	09/24/1980	
	Plan sponsor's name and address (employer, it for single-employer p RODUCTS, INC.	olan)		2b	Employer Identificatio (EIN) 91-1117986	n Number
2020	OTTLIANE OF E		,	2c	Plan sponsor's teleph	one number
	~ 87TH AVE, CT, E. EWOOD WA 98371		ŀ	24	253-845-641	3
				Zu	Business code (see in 423200	istructions)
3a SAMI	Plan administrator's name and address (if same as Plan sponsor, en E	iter "Same	")	3b	Administrator's EIN 91-1117986	
				3с	Administrator's teleph 253-845-641	one number 9
	the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN	
r	name, EIN, and the plan number from the last return/report. Sponsor	's name		4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		2
b	Total number of participants at the end of the plan year			5b	5 * 1	2
C	Total number of participants with account balances as of the end of complete this item)			5c		2
6a	Were all of the plan's assets during the plan year invested in eligible				X	Yes No
	Are you claiming a waiver of the annual examination and report of a	n indeper	dent qualified public accountant (IQF	PA)	_	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					Yes No
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	rm 5500-	SF and must instead use Form 550)0.		
3.50				V 10 2000	VIII COLUMN IN A CONTRACTOR AND A CONTRA	H= -9
7	Plan Assets and Liabilities	15.2	(a) Beginning of Year 764220		(b) End of Ye	740579
-	Total plan assets	7a	104220			740579
	Total plan liabilities	7b 7c	764220	1	10.5	740579
10001	Income, Expenses, and Transfers for this Plan Year		(a) Amount	\top	(b) Total	
	Contributions received or receivable from:		(a) Amount		(b) Total	
	(1) Employers	8a(1)	500000			
	(2) Participants	8a(2)				
	(3) Others (including rollovers)	8a(3)		-93		
b	Other income (loss)	8b	52359			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				52359
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	76000	II=		
е	Certain deemed and/or corrective distributions (see instructions)	8e	W. 18-00			
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	to the second se			76000
i	Net income (loss) (subtract line 8h from line 8c)	8i				-23641
j	Transfers to (from) the plan (see instructions)	Ri				

Page 2-1	Page	2-	1
----------	------	----	---

Form	FFO	000	004	-
-om	ורכ	11-5-	/1111	М

11000			
Dart IV	Plan (hara	ctarietice

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 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: a 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)	70000 Yes No Yes No
a 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)	70000 Yes
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	Yes No
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	Yes No
e 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	Section 1
e 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.)	Section 1
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	SCHOOL STREET
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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	SCHOOL STREET
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	SCHOOL STREET
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	Section 1
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))	SCHOOL STREET
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 legranting the waiver. Month Day Yea If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	SCHOOL STREET
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? [If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 legranting the waiver	Yes X No
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 le granting the waiver	
granting the waiver	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
	ſ <u></u>
D Enter the minimum required contribution for this plan year	
Eliter the infinitely required contribution for the plant year.	
C Enter the amount contributed by the employer to the plan for this plan year	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	
	lo N/A
Part VII 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
If "Yes," enter the amount of any plan assets that reverted to the employer this year	5-5-1
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	Yes 🛛 No
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.)	
13c(1) Name of plan(s): 13c(2) EIN(s)	13c(3) PN(s)
Caution: A paralty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established	
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, 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 know belief, it is true, correct, and complete.	
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, 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 know belief, it is true, correct, and complete. JOHN M. STRETCH	
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, 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 know belief, it is true, correct, and complete, SIGN JOHN M. STRETCH	vledge and
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, 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 know belief, it is true, correct, and complete. SIGN JOHN M. STRETCH	vledge and