	Form 5500-SF	Short Form Annual R	yee	OMB Nos. 1210-0110 1210-0089							
	Department of the Treasury Internal Revenue Service	E This form is required to be filed	е	2010							
Er	Department of Labor nployee Benefits Security Administration	9	This Form is Open to Public								
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.											
Part I Annual Report Identification Information											
	calendar plan year 2010 or fisca	2/31/2									
	This return/report is for:	single-employer plan	one-participant plan								
В	This return/report is for:	first return/report									
~		nths)									
C	C Check box if filing under:										
Part II Basic Plan Information—enter all requested information											
	Name of plan	nation —enter all requested information	ation		1h	Three-digit					
	MSW INC 401K PROFIT SHAR	NG PLAN				plan number 001					
						(PN)					
					1c	Effective date of plan 01/01/2004					
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 68-0246231					
	WEST ST THOMAS MORE WA	V			2c	Plan sponsor's telephone number 509-474-9209					
	KANE, WA 99208-0000				2d	Business code (see instructions) 541519					
3a	Plan administrator's name and a	3") AS MORE WAY	3b	Administrator's EIN 68-0246231							
CHL		SPOKANE, V			3c	Administrator's telephone number					
4	f the name and/or EIN of the pla		509-474-9209 EIN								
	name, EIN, and the plan number										
	-	a 1 1 1 7 a 1			4c						
		the beginning of the plan year			5a	22					
b		ear (defined benefit plans do not	5b	19							
С			, ,		5c	19					
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		Yes No					
b		e annual examination and report of a See instructions on waiver eligibility a				X Yes No					
		er 6a or 6b, the plan cannot use Fo		,							
Pa	rt III Financial Informa				-						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
а	•	an assets				2178686					
b	1					50 1796					
<u> </u>	let plan assets (subtract line 7b from line 7a) 7c 16126					2176890					
8 a	Income, Expenses, and Transf Contributions received or received			(a) Amount		(b) Total					
a			8a(1)	15825	5						
	(2) Participants		8a(2)	151474	1						
	(3) Others (including rollovers)		8a(3)	169							
b	Other income (loss)		8b	26864	5						
C		3a(2), 8a(3), and 8b)	8c			578544					
d		ollovers and insurance premiums	8d	1240	7						
е	1 ,	ve distributions (see instructions)	8e								
f		s (salaries, fees, commissions)		194	5						
g	Other expenses		8g								
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			14353					
i	Net income (loss) (subtract line	8h from line 8c)	8i			564191					
j	Transfers to (from) the plan (se	e instructions)	8j								

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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 2G 2J 2K 2A 3H 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		Amo	ount		
а									
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х					
С	Was the plan covered by a fidelity bond?	10c	X					200000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х					
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					8243	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х					
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? (See instructions and 29 CFR 2520.101-3.)	10h		Х					
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	10i							
Part	VI Pension Funding Compliance								
11									
lf y b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr granting the waiver	uctions nth	, and e	nter th Day 12b 12c 12d	e date of	the le Yea	r		
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	ſ	lo	N/A	
Part	VII Plan Terminations and Transfers of Assets								
13a								× No	
b	If "Yes," enter the amount of any plan assets that reverted to the employer this year								
	of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)						Yes	× No	
1	3c(1) Name of plan(s):	13c(2) EIN(s) 13c(3) F			PN(s)				

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.

SIGN	Filed with authorized/valid electronic signature.	05/23/2011	PENSION FILERS				
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				

P.03

		Short Form Annu	al Return/I	Report	of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internet Revenue Service 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(s) of the Internal Revenue Code (the Code),							2	2010	
						he	This Form is Open to Pr Inspection		
mploves Benefits Secu	rity Administration	 Complete all entries in 	ternar revenue e	th the last	uctions to the Form 5	500-8F.			
Pension Banefit Guar	anty Corporation	Complete all entries in Complete all entries in	accordance wi	<u>ur ure ure</u>					
Part Ann	ual Report	dentification Informat	01/9	01/2010	and ending	12	/31/2010		
This return/repo	ort is for:	rfiecal plan year beginning single-employer plan first return/report	multiple-	employer p um/report	an (not multiemployer)	L] one-participa	ni pisn	
 This return/repo Check box if fill 		an amended return/report	automat	an year retu lic extension	n/report (less than 12 mo	nths)	DEVC brogr	am	
		special extension (enter de				·			
a Name of plan	١	TIT SHARING PLAN	sted information.				Three-digit plan number (PN) ► Effective date	001	
CHEMSW IF						1	01/01/200	4	
2a Plan sponso	r's name and add	dress (employer, if for single-em	nployer plan)		<u></u>		(EIN) 68-0	ntification Number 9246231 Is telephone number	
CHEMSW I	NC					- 1	(509) 474	-9209	
2402 WES	T ST THOMAS	MORE WAY				2d	Business cod	e (see instructions)	
		WA 99208-0000			·····	36	541519 Administrator	's EIN	
US SPOKANE 3a Plan adminis	etrator's name at	nd address (if same as plan em	ployer, enter "San	n#")					
SAME						30	Administrator	's telephone number	
4	and/or Elbiot Ph	e plan sponsor has changed sin	tce the last return/	report filed	or this plan, enter the		EIN		
4 If the name name, EIN.	and the plan our	ber from the last return/report.	Sponsor's Name			40	; PN	·····	
		at the beginning of the plan ye				58		22	
5a Total numb	er of participants	at the beginning of the plan ye				· · • • • • •		1.0	
b Total numb	or of Darticiparite			,		51	<u> </u>	19	
	er of participants	with account balances as of th	a and of the plan	vear (define	d benefit plans do not			19 19	
	per of participants	with account balances as of the	e end of the plan	year (define	d benefit plans do not			19	
6a Wore all of	per of participants h <u>is item)</u> ' the plan's asset aiming a waiver o	s with account balances as of the second se	e end of the plan in eligible assets? aport of an indepe	year (define (See instru indent qualit	d benefit plans do not ctions.) ied public accountant (IQ	- 5		19 . XYes No	
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Dees	2.	
Page	<u>Z-</u>	

Form 6500-8F 2010 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 2G 2J 2K 2A 3H 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

4	Compliance Questions		Yes	No	A	nount	
)	During the plan year: Was there a failure to transmit to the plan any participant contribution within the time period described in	40.0		x			
a	Was there a failure to transmit to the plan any participant explanatory Fiduciary Correction Program) 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a					
b	Were there any nonexempt transactions with any party-in-interest; (b) not include with	10b		×			
		10c	x			200,0)0¢
ç	Was the plan covered by a fidelity bond?		1	<u> </u>			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<u>10d</u>		×			<u> </u>
e	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See	10e	x		 	8,2	24
	instructions)	107		x			
f	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.)	10g	Ч—				
ĥ	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520 101-3)	101	<u>+</u>	×			
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	101					
前樹							_
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complet	_					
2	5500))	sectio	on 302	of ERI	SA7 -	. 🗌 Yes 🗶 I	ND
-	(K Wate " complete 12e or 12b, 12c, 12d, and 12e below, #s spolicable.)						
_	the second se	ns, ar	nd ente	er the d	iate of the let	ter ruling	
а		oth_		Da	эу	Year	-
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 6500), and skip to line 13.		1	120			<u> </u>
ь	Enter the minimum required contribution for this plan year	•	• •			·····	_
c	Enter the smouth contributed by the employer to the plan for this plan year		•••	120			
d	e the second is less the second in line 12b. Enter the result (enter a minus sign to the left of a	а —		12d			
	negative amount)	•	• •		Yes		VA
ę	Will the minimum funding amount reported on line 12d be met by the funding deadline?	• •	· -	<u> </u>			
nan Martik	Plan Terminations and Transfers of Assets		_	_		Yes X	No
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?	• •	• •	<u></u>	····		_
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	<u> </u>	<u> </u>	138			
ь	transferred to another plan, or brought uncertainty transferred to another plan, or brought unc	der th	ne cont	rol		· Yes X	ы
			• •	• •	• • • •		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(\$), identify the	pian(5)10				
	which assets or liabilities were transferred. (See Instructions.)			43-/2)	EIN(a)	13c(3) PN(s)
	13c(1) Name of plan(s):			1 <u>3C(2)</u>	EIN(s)	100(0) / 14(•/
							_
Cau	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable c	ause	15 851	ablish	ed		
	ar penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return/ r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/rep	repor	t, inclu	iding, if	applicable, a	Schedule edge and	
selie	f, it is true, correct, and complete.						
6686	Maica Maica	-5	n is	1k			

HERE Signature of plan administrator	Date 5-/3-//	Enter name of individual signing as plan administrator
sign Inava Spint		Maija Spink
Signature of employer/plan sponsor	Date 5-13-11	Enter name of individual signing as employer or plan sponsor