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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	art I Annual Report Identification Information						
For	r calendar plan year 2010 or fiscal plan year beginning 01/01/2	010	and ending 1	2/31/2	2010		
Α	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan		
В	This return/report is for:	final return/report					
	an amended return/report	short plan	year return/report (less than 12 mo	nths)			
C	Check box if filing under:	H	extension	,	DFVC program		
J	special extension (enter description)		o externolori				
D							
	art II Basic Plan Information—enter all requested info	rmation		1h	Three-digit		
	I Name of plan INLESS FASTENERS, INC. PROFIT SHARING PLAN			וו	nlan number		
0171	inteless the tenents, into the original transfer each				(PN) • 001		
				1c	Effective date of plan		
					01/01/1993		
	 Plan sponsor's name and address (employer, if for single-employ INLESS FASTENERS, INC. 	/er plan)		26	Employer Identification Number (EIN) 91-1345881		
OIA	MINEEOO I AOTENERO, INO.			2c	Plan sponsor's telephone number		
	BOX 98991				206-824-1484		
SEA	TTLE, WA 98198			2d	Business code (see instructions) 423700		
32	Plan administrator's name and address (if same as Plan sponsor	ontor "Com	2"\	3h	Administrator's EIN		
STA	INLESS FASTENERS, INC. P.O. BOX	98991	5)	35	91-1345881		
	SEATTLE	, WA 98198		3с	Administrator's telephone number		
4	Mail Market Company			4.	206-824-1484		
	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report. Spor		eport filed for this plan, enter the	4b	EIN		
	Table, 2.1., and the plan hander not the last lotter, popular upon			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a	7		
b	Total number of participants at the end of the plan year			5b	7		
C	Total number of participants with account balances as of the end	d of the plan y	vear (defined benefit plans do not	_	7		
	complete this item)			5c			
	Were all of the plan's assets during the plan year invested in eli	•	,		Yes No		
b	 Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibili 				X Yes ☐ No		
	If you answered "No" to either 6a or 6b, the plan cannot use						
Pa	art III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
а	Total plan assets	7a	117061		128392		
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7с	117061	I	128392		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а		0-(4)	1950				
	(1) Employers	, ,	1950)			
	(2) Participants	` '	1000	_			
h	(3) Others (including rollovers)	` '	8887	7			
b	,		300.	-	12787		
c d					,2,3,		
u	to provide benefits)		1456	5			
е							
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				1456		
i	Net income (loss) (subtract line 8h from line 8c)				11331		

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ar	t IV Plan Characteristics					
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara-	acteris	tic Co	des in	the instructions:	
	2E 2G 2J 2K 2T 3D	oto riot	io Coa	ا ا ما ما	ha inaturationar	
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	iciensi	iic Coc	ies in t	ne instructions.	
rt	V Compliance Questions					
	During the plan year:		Yes	No	Amount	
а	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)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
C	Was the plan covered by a fidelity bond?	10c	Χ		500000	
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		X		
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	Has the plan failed to provide any benefit when due under the plan?	10f		X		
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 instructions and 29 CFR 2520.101-3.)	10h		X		
İ	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				
rt	VI Pension Funding Compliance					
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					
_	(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 letter ruling granting the waiver					
f y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_	1		
b	Enter the minimum required contribution for this plan year			12b		

Part VII Plan Terminations and Transfers of Assets

12

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

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.)

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

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

12c

12d

Yes

No

Yes

Yes X No

N/A

No

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.	06/13/2011	DEAN E. JONES
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).

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2010

OMB Nos. 1210-0110 1210-0089

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		dance with	the instructions to the Form 5500)-SF.				
	rt I Annual Report Identification Information				112			
_For	calendar plan year 2010 or fiscal plan year beginning	***	and ending					
Α .	This return/report is for:	multiple-em	ployer plan (not multiemployer)		one-participant plan			
В	This return/report is for: first return/report	final return/	report		- 17 34 % 3-6-90			
	an amended return/report	short plan y	ear return/report (less than 12 mor	nlhs)				
C	Check box if filing under: Form 5558	automatic e	extension		DFVC program			
8	special extension (enter description	on)						
Pa	rt II Basic Plan Information—enter all requested inform	ation						
1a	Name of plan			1b	Three-digit			
STAI	NLESS FASTENERS, INC. PROFIT SHARING PLAN				plan number			
					(PN) ▶ 001	_		
				10	Effective date of plan 01/01/1993			
	Plan sponsor's name and address (employer, if for single-employer NLESS FASTENERS, INC.	plan)		2b Employer Identification Number (EIN) 91-1345881				
P.O.	BOX 98991			2c	Plan sponsor's telephone numbe 206-824-1484	r		
	TLE WA 98198			2d	Business code (see instructions)			
					423700			
SAM	Plan administrator's name and address (if same as Plan sponsor, є E	enter "Same")		b Administrator's EIN 91-1345881			
				3с	3c Administrator's telephone number 206-824-1484			
	the name and/or EIN of the plan sponsor has changed since the la		ort filed for this plan, enter the	4b	EIN			
,	name, EIN, and the plan number from the last return/report. Sponso	or's name		4c	PN			
5a	Total number of participants at the beginning of the plan year	***************************************		5a				
b	Total number of participants at the end of the plan year			5b				
	Total number of participants with account balances as of the end complete this item)	of the plan ye	ar (defined benefit plans do not	5c		7		
-Ga	Were all of the plan's assets during the plan year invested in eligib				X Yes 1	Vo		
	Are you claiming a waiver of the annual examination and report of	an independ	ent qualified public accountant (IQI	PA)		200		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditio	ns.),		🛚 🖺 Yes 📙 N	Vo		
D-	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-S	F and must instead use Form 55	00.				
	rt III Financial Information	Table 1						
7	Plan Assets and Liabilities	35-1-1	(a) Beginning of Year 117061	y y	(b) End of Year			
020	Total plan assets		117061	-	12839	2		
b	Total plan liabilities		117061	8	40000	10		
·	Net plan assets (subtract line 7b from line 7a)	7c	2000 St. 16	1 200	12839	2		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	_	(b) Total	_		
a	Contributions received or receivable from: (1) Employers	8a(1)	1950					
	(2) Participants		1950					
	(3) Others (including rollovers)							
b	Other income (loss)		8887					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			19	1278	7		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		1456		4.01.51 (14.4			
е	Certain deemed and/or corrective distributions (see instructions)							
f	Administrative service providers (salaries, fees, commissions)		19	100				
g	Other expenses			100				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	0.0000000000000000000000000000000000000		+	145	6		
i	Net income (loss) (subtract line 8h from line 8c)				1133	_		
i	Transfers to (from) the plan (see instructions)			977				

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_			_				
Par 9a	IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	arterio	tic Co	dec in	the inclus	tions:	
	2E 2G 2J 2K 2T 3D						
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acleris	tic Co	des in t	he instruct	lions:	
Part	V Compliance Questions			e de la composition della comp		-	
10	During the plan year:		Yes	No		Amoun	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in	Г	, , , ,	Memoriacy 24		Amoun	
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			m.
	on line 10a.)	10b		х			
C	Was the plan covered by a fidelity bond?	10c	Х				500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	700-0		v			
_	or dishonesty?	10d		Х			
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.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х		late.	
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	The state of the s	ATT-2					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))	plete	Sched	ule SB	(Form	∏ Y∈	es No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of I	ERISA?	Ye	∍s 🏻 No
9	(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 instru	E. West State	tegorica is	-	and make		AND
a	granting the waiver	ctions, ith	and e	nter th Day	e dale of li	ne letter Year	ruling
lf :	ou 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			
d	Enter the amount contributed by the employer to the plan for this plan year	••••••	-	12c			
	negative amount)	or a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	□ 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?	*******				Ye	es 🛛 No
S 100	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ntrol		П үе	es 🛛 No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	,			
. 1	3c(1) Name of plan(s):		130	c(2) EII	N(s)	13c	(3) PN(s)
		-	- 12545 - 1555			_	
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed upless reasonable	la cou	en in	natabli			

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	× 1	16-7-11	DEAN E, JONES .
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