## 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.

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2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010	)	and ending	12/31/2	2010			
A	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan			
В	return/report is for: first return/report final return/report							
		short plan	year return/report (less than 12 mo	onths)				
C		•	extension	,	DFVC program			
	special extension (enter description		, exteriorer					
Dr		,						
	art II   Basic Plan Information—enter all requested information  Name of plan	ition		1h	Three-digit			
	L WASINGER RETIREMENT PLAN			15	nlan number			
					(PN) • 002			
				1c	Effective date of plan			
					01/01/1987			
	Plan sponsor's name and address (employer, if for single-employer passinger, INC.	plan)		2b	Employer Identification Number (EIN) 20-3994174			
00 v	WASHINGER, INC.			2c	(LIIV)			
	S.W. CASTILIAN DR.				Plan sponsor's telephone number 360-675-0109			
OAK	HARBOR, WA 98277			2d	Business code (see instructions)			
20	Discontinuity of the control of the		m.	26	445120			
GO V	Plan administrator's name and address (if same as Plan sponsor, en WASINGER, INC. 927 S.W. CAS	STILIAN D	PR.	30	Administrator's EIN 20-3994174			
	OAK HARBOI	R, WA 98	277	3c	Administrator's telephone number			
					360-675-0109			
	If the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponsor		port filed for this plan, enter the	4b	EIN			
	name, Em, and the plan number nom the last return/report. Sponsor	S Harrie		4c	PN			
5a	Total number of participants at the beginning of the plan year			5a	10			
b	Total number of participants at the end of the plan year			5b	0			
С	Total number of participants with account balances as of the end of			0.0				
	complete this item)			5c	0			
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		Yes No			
b	- <b>,</b>				X Yes ☐ No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
Pa	irt III Financial Information	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or and must mistead use roim of	, <del>,,,,</del>				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	87410	7	0			
	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c	87410	7	0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:		1.,,		Y-1			
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)	6859	7				
b	Other income (loss)	8b						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			68597			
d	Benefits paid (including direct rollovers and insurance premiums	0 4	93166	1				
^	to provide benefits)	8d		$\dashv$				
e f	Certain deemed and/or corrective distributions (see instructions)	8e		-				
t	Administrative service providers (salaries, fees, commissions)	8f	1104	3				
g	Other expenses (add lines 2d, 2e, 2f, and 2e)	8g	110-		942704			
n :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-874107			
 	Net income (loss) (subtract line 8h from line 8c)	8i			0.4107			
J	Transfers to (from) the plan (see instructions)	8j						

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Part IV	Dian	(`haraci	arietice
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SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

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:

	The plant provides welfare benefits, effect the applicable welfare feature codes from the List of Flant Charles							
art								
0	During the plan year:		Yes	No		Amo	ount	
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				
С	Was the plan covered by a fidelity bond?	10c	X					80000
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.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con						Yes	□ No
_	5500))							V
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ction 3	302 of	ERISA?		Yes	^ No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru							ng
lf v	granting the waiver			Day		rea	·	
	Enter the minimum required contribution for this plan year		Γ	12b				
				12c				
	C Enter the amount contributed by the employer to the plan for this plan year							
u	negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Г	13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ntrol		1527		
	of the PBGC?					X	Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to					
1	3c(1) Name of plan(s):		130	c(2) El	N(s)		13c(3)	PN(s)
	ion. A namelty fact the late as incomplete filling of this valuum/vanaut will be accessed unless vaccount	lo so:		a a ta b l	inhad			
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret					ahla	a Scho	dule
Во	r penalties of perjory and other penalties set forti in the instructions, i declare that i have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return i, it is true, correct, and complete.							
SICI	Filed with authorized/valid electronic signature. 06/22/2011 GREGORY O. V	VASIN	GER					

Date

Date

Enter name of individual signing as plan administrator

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). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information										
VA-10-11	For calendar plan year 2010 or fiscal plan year beginning and ending									
Α	This return/report is for:					ıt plan				
В	B This return/report is for:									
		an amended return/report	short plan y	ear return/report (less than 12 mo	nths)					
C Check box if filing under: Form 5558 automatic extension					DFVC program	n				
Pa	rt II   Basic Plan Info	rmation—enter all requested inform	nation							
1a	Name of plan	10			1b	Three-digit				
G &	L WASINGER RETIREMENT	PLAN				plan number	w			
						(PN) ▶	002			
					1c	Effective date of plan 01/01/1987				
2a	Plan sponsor's name and ad WASINGER, INC.	dress (employer, if for single-employer	r plan)		2b	Employer Identifi	cation Number			
GO ,	WASHIGER, INC.				2-	(EIN) 20-3994				
	S.W. CASTILIAN DR. HARBOR WA 98277					Plan sponsor's te 360-675	-0109			
-	The second secon				2d	Business code (s 445120	ee instructions)			
SAM	Plan administrator's name ar E	nd address (if same as Plan sponsor, e	enter "Same")		3b	Administrator's E 20-3994	IN 174			
					3с	Administrator's te 360-675	elephone number -0109			
4 1	f the name and/or EIN of the	plan sponsor has changed since the la	st return/repo	rt filed for this plan, enter the	4b	EIN	Audit Aresissory			
	- N	ber from the last return/report. Sponso			4c	PN				
5a	Total number of participants	at the beginning of the plan year			5a	10				
b Total number of participants at the end of the plan year				5b						
C	Total number of participants	with account balances as of the end o	f the plan yea	r (defined benefit plans do not	5c					
6a		s during the plan year invested in eligit								
b	Are you claiming a waiver of	the annual examination and report of	an independe	nt qualified public accountant (IO)	241		Yes No			
	under 29 CFR 2520.104-46	? (See instructions on waiver eligibility	and condition	s.)	o <del>t</del> Kanada kanada	•••••••	X Yes No			
F-B-	If you answered "No" to ei	ther 6a or 6b, the plan cannot use F	orm 5500-SF	and must instead use Form 55	00.					
A PLANT	rt III   Financial Inform	nation								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
76				874107	8		0			
b				W	4					
100	n	e 7b from line 7a)	. 7c	874107			0			
8	Income, Expenses, and Tran			(a) Amount		(b) To	otal			
а	Contributions received or rec	ceivable from:	. 8a(1)							
	5 9				<del>-  </del>					
		rs)		68597	27					
b				0007						
C		), 8a(2), 8a(3), and 8b)			-	DCIII - E	0050*			
d	Benefits paid (including direct	ct rollovers and insurance premiums		931661		Displayer play	68597			
е		ective distributions (see instructions)		531001	-					
f		lers (salaries, fees, commissions)			-81					
g		iers (salaries, rees, commissions)		14040	55					
9 h		i, 8e, 8f, and 8g)		11043		<u> </u>				
1		ne 8h from line 8c)			-		942704			
i		see instructions)					-874107			
For F		nd OMB Control Numbers, see the instructi		00.55		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
							nrm 5500-SE (2040)			

	Form 5500-SF 2010 Page <b>2-</b> 1						
Par	IV Plan Characteristics		11				
	f the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara E 3D	acteris	tic Co	des in l	he instructio	ns:	
	f the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cleris	ic Coc	les in tl	ne instruction	is:	
Part	V Compliance Questions						*
10	During the plan year:		Yes	No	A	mount	
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		х	82		
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	×			(	80000
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,	100					
	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		Х			
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		×		1 11 5 5 5 5 5 5	103
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		3.71.			Henri III
Part							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete	Sched	ule SB	(Form	Yes [	□ No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
	(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						
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_				
	Enter the minimum required contribution for this plan year		_	12b			
1/221	Enter the amount contributed by the employer to the plan for this plan year		L	12c			
ď	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of 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		THE SALE				
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			*****		X Yes	☐ No

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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

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(2) EIN(s)

13c(3) PN(s)

SIGN	* Sugar () // ans	16.19-2011	GREGORY O. WASINGER
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