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 1210-0089

2010

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	0	and ending	12/31/2	2010	
Α	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan	
В	This return/report is for: first return/report	final retur	n/report		_	
	an amended return/report					
C	Check box if filing under:	•	extension	,	DFVC program	
	special extension (enter descriptio	o exteriorer				
Dr		,				
	Name of plan	ation		1h	Three-digit	
	PURPOSE STRUCTURES 401(K) SALARY REDUCTION PLAN ANI	D TRUST		10	nlan number	
					(PN) ▶ 001	
				1c	Effective date of plan	
					04/01/1999	
	Plan sponsor's name and address (employer, if for single-employer PURPOSE STRUCTURES, INC.	plan)		2b	Employer Identification Number (EIN) 91-1454262	
ALL	ON OCCUTACOTORES, INC.			2c	Plan sponsor's telephone number	
	HUBBARD				253-862-1255	
SUIVI	NER, WA 98390			2d	Business code (see instructions)	
20	Diam administratorio mana and address (if some as Diam manager)	-t "C	- "\	2h	236200	
ALL	Plan administrator's name and address (if same as Plan sponsor, er PURPOSE STRUCTURES, INC. 1408 HUBBA	RD	e)	30	Administrator's EIN 91-1454262	
	SUMNER, WA	A 98390		3c	Administrator's telephone number	
					253-862-1255	
	f 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	
	lame, Em, and the plan number from the last return/report. Sponsor	i S Hallie		4c	PN	
5a	Total number of participants at the beginning of the plan year			- 5a	22	
b	Total number of participants at the end of the plan year		5b	21		
С	Total number of participants with account balances as of the end of			0.0		
	complete this item)		•	. 5c	13	
6a	Were all of the plan's assets during the plan year invested in eligibl	le assets?	(See instructions.)		Yes No	
b	Are you claiming a waiver of the annual examination and report of a				X vaa 🗆 Na	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		Yes No	
Pa	rt III Financial Information	31111 3300-	or and must mistead use i orm s	300.		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year	
-	Total plan assets	. 7a	40056	39	415012	
b	Total plan liabilities			0		
C	Net plan assets (subtract line 7b from line 7a)	7c	40056	69	415012	
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount		(b) Total	
a	Contributions received or receivable from:		(a) Amount		(5) 10141	
	(1) Employers	8a(1)				
	(2) Participants	8a(2)	2114	7		
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	5241	4		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			73561	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5912	8		
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	8g				
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			59118	
;	Net income (loss) (subtract line 8h from line 8c)	8i			14443	
i	Transfers to (from) the plan (see instructions)					

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Part IV	Plan	Charact	eristics

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

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

art	V	Compliance Questions							
)	During	g the plan year:		Yes	No		Amo	unt	
а		here a failure to transmit to the plan any participant contributions within the time period described in FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported e 10a.)	10b		X				
С	Was	the plan covered by a fidelity bond?	10c	X					1000
		e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud honesty?	10d		X				
	insura	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ince service or other organization that provides some or all of the benefits under the plan? (See ctions.)	10e	Х					260
f	Has th	ne plan failed to provide any benefit when due under the plan?	10f		X				
g	Did th	e plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					3864
		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	10h		Х				
		was answered "Yes," check the box if you either provided the required notice or one of the tions to providing the notice applied under 29 CFR 2520.101-3	10i						
rt \	/I F	Pension Funding Compliance							
		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					[]	Yes	X No
2	Is this	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ection	302 of	ERISA?		Yes	X No
	(If "Ye	s," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	grantiı	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	ıth						
		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	401				
		the minimum required contribution for this plan year			12b				
		the amount contributed by the employer to the plan for this plan year			12c				
		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ve amount)			12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
rt \	/ II	Plan Terminations and Transfers of Assets							
а	Has a	resolution to terminate the plan been adopted during the plan year or any prior year?		<u>-</u>				Yes	X
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year			13a				
		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought PBGC?						Yes	× No
		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	he pla	n(s) to)				
13	13c(1) Name of plan(s):					IN(s)	1	13c(3)	PN(s)
autio	on: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le ca	use is	estab	lished.			
3 or	Sched	ties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ dule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ ue, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	06/22/2011	JEAN BURNETT				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	06/22/2011	JEAN BURNETT				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

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Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2010

OMB Nos. 1210-0110 1210-0089

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P	Part I Annual Report Identification Information	on				
For	r the calendar plan year 2010 or fiscal plan year beginning	01/0	01/2010	and ending	12,	/31/2010
Α	This return/report is for: x single-employer plan	multiple-	employer plan (not multiemployer)	Γ	one-participant plan
В	This return/report is for:	final retu	m/report		_	
	an amended return/report	short pla	n year return/re	port (less than 12 mont	hs)	
С	Check box if filing under: Form 5558	automati	c extension		Ĺ	DFVC program
	special extension (enter desc				_	1 - · · · · · · · · · · · · · · · · · ·
P	art II Basic Plan Information enter all requeste	· · · · · · · · · · · · · · · · · · ·				
	Name of plan	a information.			1h T	hree-digit
					p	lan number
	ALL PURPOSE STRUCTURES 401(k) SALARY REDUC	TION PLAN	AND TRUST			PN) ▶ 001
					i	Effective date of plan
2a	Plan sponsor's name and address (employer, if for single-employer	oyer plan)				Employer Identification Number
	ALL PURPOSE STRUCTURES, INC.					EIN) 91-1454262
	1408 HUBBARD					Plan sponsor's telephone number (253) 862-1255
	GTIDATE AND AND ADDRESS OF THE ADDRE					Business code (see instructions)
บร 3a			- 0\		2	36200
Ja	Same	yer, enter "Same	∌")		3D A	dministrator's EIN
					20.	
					JC A	dministrator's telephone number
<u></u>						
4	If the name and/or EIN of the plan sponsor has changed since t name, EIN and the plan number from the last return/report. Spo	the last return/re onsor's Name	port filed for thi	s plan, enter the	4b =	
					4c P	N
	Total number of participants at the beginning of the plan year .				5a	22
b	Total number of participants at the end of the plan year Total number of participants with account balances as of the en	d of the plan vo	ar (defined ben	ofit plane do not	<u>5b</u>	21
	complete this item)	· · · · ·	ai (delined beir	ent plans do not	5c	13
6a	Were all of the plan's assets during the plan year invested in eli-	gible assets? (S	ee instructions.)		XYes No
b	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibil	of an independ		, ,		
	If you answered "No" to either 6a or 6b, the plan cannot use			ead use Form 5500.	• • •	Yes No
Pa	art III Financial Information					
7	Plan Assets and Liabilities		(a) B	eginning of Year]	(b) End of Year
а	Total plan assets	7a		400,569		415,012
b	Total plan liabilities	7b		0		
С	Net plan assets (subtract line 7b from line 7a)	7c	110	400,569		415,012
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) Total
а	Contributions received or receivable from:					
	(1) Employers				-	
	(2) Others (including religious)			21,147	-	
b	(3) Others (including rollovers)	1		E2 414		
c	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)			52,414	7 55 75	
ď	Benefits paid (including direct rollovers and insurance premiums	8c				73,561
	to provide benefits)	· · 8d		59,118		
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions) .	8f				
g	Other expenses	· · 8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			2	59,118
i	Net income (loss) (subject line 8h from line 8c)	8i				14,443
j	Transfers to (from) the plan (see instructions)	8j			1000	

	Form 5500-SF 2010	F	age 2-		_				
Pari	IV Plan Characteristics								
9a	f the plan provides pension benefits, enter the applicable pension fea	ture codes from the Li	st of Plan Cha	aracteristic	Codes	in the	instructions	s:	
	2F 2J 2K 3D								
b 1	f the plan provides welfare benefits, enter the applicable welfare featu	ure codes from the List	of Plan Chai	racteristic C	odes i	in the i	nstructions:		
Par	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribution					x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-interest? (-				
	on line 10a.)	•	•			x			
С	Was the plan covered by a fidelity bond?			10c	x				10,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fic			a 📙		 	<u> </u>		
	or dishonesty?				<u> </u>	х			
е	Were any fees or commisions paid to any brokers, agents, or other	persons by an insuran	ce carrier,						
	insurance services or other organization that provides some or all of instructions.)	f the benefits under the	e plan? (See	10e	х				2,600
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				х	 			38,645
h	If this is an individual account plan, was there a blackout period? (Se			· · 10g	-	C.1175		建设发达 75%	30,043
	2520.101-3.)		• • • •	<u>10h</u>		x	经验		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or one	of the	101					
Pari	VI Pension Funding Compliance					-			
11	Is this a defined benefit plan subject to minimum funding requirement		ructions and o					Yes	X No
12	Is this a defined contribution plan subject to the minimum funding re	quirements of section	412 of the Co	ode or secti	on 302	2 of EF	RISA? .	. 🔲 Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applical	ble.)							
а	If a waiver of the minimum funding standard for a prior year is being	amortized in this plan	year, see ins	tructions, a	nd ent	ter the	date of the	letter ruling	
lf v	granting the waiver		kin to line 1	Month		Day	y	Year	
b	Enter the minimum required contribution for this plan year		=		Г	12b]		
C	Enter the amount contributed by the employer to the plan for this pla				·	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the				· -				
	negative amount)				. L	12d			<u></u>
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the	e funding deadline? .		• • •	• •		Yes	No	□N/A
Part	Tian forminations and Transiers of Assets						1 -11711111 		
13a	Has a resolution to terminate the plan been adopted during the plan				٠, ٠		,	. 🗌 Yes	x No
	If "Yes," enter the amount of any plan assets that reverted to the em		····	• • •		13a			
b	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?	ransferred to another p	olan, or broug	th under the	e cont	rol			[]
С	If during this plan year, any assets or liabilities were transferred from	this plan to another p	lan(s), identif	· · · · · · v the plan(s) to			· LYes	X No
	which assets or liabilities were transferred. (See instructions.)		() / /	,					
1	3c(1) Name of plan(s):				13	3c(2) E	IN(s)	13c(3)	PN(s)
				İ					
Cautio	on: A penalty for the late or incomplete filing of this return/report	will be assessed unli	ess reasonal	hle cause i	e Aeta	hlishe	ad .		
	penalties of perjury and other penalties set forth in the instructions, I							a Schedule	
SB or	Schedule MB completed and signed by an enrolled actuary, as well a it is true, correct, and complete.	s the electronic version	n of this return	n/report, an	d to th	e best	of my knov	vledge and	•
SIG	a flown I Durnott		Jean Bur	nett					
HEF		Date 4-5-1/	Enter name		al sian	ing as	plan admin	istrator	
SIG			Jean Bur		911		E admin		- W. W.
HEF		Date 4-5-//	Enter name		ıl sian	ina as	employer o	r nlan snon	sor