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

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning and ending 12/31/2010 single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan NILSEN BROTHERS, INC. 401(K) PLAN plan number 001 (PN) ▶ 1c Effective date of plan 01/01/2007 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number 91-0873751 NILSEN BROTHERS, INC (EIN) 2c Plan sponsor's telephone number **5205 FIRST STREET** BREMERTON, WA 98312 2d Business code (see instructions) 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN 91-0873751 5205 FIRST STREET **BREMERTON, WA 98312** 3c Administrator's telephone number 360-479-6943 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN 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 25 **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 of the plan year (defined benefit plans do not 20 complete this item)..... 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 493422 669645 a Total plan assets..... 7a **b** Total plan liabilities..... 7b 493422 669645 Net plan assets (subtract line 7b from line 7a)..... 7с 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 26919 8a(1) (1) Employers 93980 8a(2) (2) Participants (3) Others (including rollovers)..... 8a(3) 69056 Other income (loss)..... 8b 189955 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 8g 13732 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 176223 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions).....

	F	Form 5500-SF 2010 Page 2-								
Par	t IV	Plan Characteristics								
		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2E 2F 2G 2J 2K 2T 3D	racteri	stic Co	des in	the instr	uction	าร:		
		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	racteris	tic Cod	des in	the instru	ıction	s:		
art	٧	Compliance Questions								
0	Duri	ing the plan year:		Yes	No		Ar	nount		
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X					
С	Wa	s the plan covered by a fidelity bond?	10c	X					95	000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X					
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, prance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	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		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X					
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI	Pension Funding Compliance								
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co						Yes	, X	No
2	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc	le or se	ection 3	302 of	ERISA?		Yes	; X	No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr ting the waiver								
lf y		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			,					
b	Ente	er the minimum required contribution for this plan year			12b					
С	Ente	er the amount contributed by the employer to the plan for this plan year			12c					
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	١	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?					Ī	Yes	X	No

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

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)

Yes 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 HERE	Filed with authorized/valid electronic signature.	07/20/2011	BRIAN NILSEN
	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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P€	Insion Benefit Guaranty Corporation Complete all entries in accord	dance with	the instructions to the Form 550	0-SF.	<u> </u>	
Pa	rt I Annual Report Identification Information					
Ford	calendar plan year 2010 or fiscal plan year beginning		and ending			
АТ	his return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participar	nt plan
Вт	his return/report is for: first return/report	final return	n/report			
	an amended return/report	short plan	year return/report (less than 12 mo	nths)		•
C C	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m
	special extension (enter description)					
Da	rt II Basic Plan Information—enter all requested inform					
	Name of plan	ation	1947-27	1h	Three-digit	
	EN BROTHERS, INC. 401(K) PLAN				plan number	
MILO	in broming, mo. sorry) and				(PN))	001
				1c	Effective date of	•
			1 500	0.	01/01/2	
	Plan sponsor's name and address (employer, if for single-employer EN BROTHERS, INC	plan)		25	Employer Identif (EIN) 91-0873	
NILS	EN BROTHERS, INC			2c	(EIIV)	elephone number
5205	FIRST STREET				360-479	
BRE	MERTON WA 98312			2d	Business code (see instructions)
				25	441221	
3a SAMI	Plan administrator's name and address (if same as Plan sponsor, e =	nter "Same) ")	30	Administrator's E 91-087	
CHIVI				3c	Administrator's t	elephone number
					360-479	
4 if	the name and/or EIN of the plan sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN	
r	name, EIN, and the plan number from the last return/report. Sponso	or's name		40	PN ·	
52	Total number of participants at the beginning of the plan year			5a		27
_	Total number of participants at the beginning of the plan year				25	
				<u>5b</u>		
С	Total number of participants with account balances as of the end o complete this item)			5c		20
ĥа	Were all of the plan's assets during the plan year invested in eligib					X Yes No
	Are you claiming a waiver of the annual examination and report of					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.		
Pa	rt III. Financial Information		· · · · · · · · · · · · · · · · · · ·			
7	Plan Assets and Liabilities		(a) Beginning of Year	,	(b) End	of Year 669645
а	Total plan assets	. 7a	49342			
b	Total plan liabilities	. 7b	100.10	. —		CCCCAE
c	Net plan assets (subtract line 7b from line 7a)	. 7с	49342			669645
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	Laure	(b) T	otal
а	Contributions received or receivable from:	90(4)	2691	9		
	(1) Employers	. 8a(1)	9398	7 T		
	(2) Participants		3000			
	(3) Others (including rollovers)		6905	a		
b	Other income (loss)					189955
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				109903
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1373	2		
е	Certain deemed and/or corrective distributions (see instructions)					
f	Administrative service providers (salaries, fees, commissions)		-	7		
				\dashv		
g h	Other expenses	F			un man saatemaa s. Näjäräitemäälinät	13732
:						176223
i	Net income (loss) (subtract line 8h from line 8c)					
J	Transition to (notify the platf (acc instructions)	∣ 8i	1	PERMIT		populaterate i Personal Paris

ane	2-	1

Form	5500.	SF.	201	n

					racte				
					ensior 2J			enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D	
b	If th	e plar	provi	des v	velfare	bene	efits,	enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	

Agric Ser											
Part \	Compliance Questions										
	uring the plan year:				Yes	No		Amou	ınt		
	las there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ary Correction Progra	m)	10a		Х					
	Vere there any nonexempt transactions with any party-in-interest? (In line 10a.)		10b		Х				_		
С	Nas the plan covered by a fidelity bond?										
	oid the plan have a loss, whether or not reimbursed by the plan's fider		10d		х						
e i	Vere any fees or commissions paid to any brokers, agents, or other surance service or other organization that provides some or all of the structions.)	nce carrier, plan? (See	10e		Х						
f	las the plan failed to provide any benefit when due under the plan?			10f		Х					
g	oid the plan have any participant loans? (If "Yes," enter amount as o	f year end.)		10g		Х	-				
	this is an individual account plan, was there a blackout period? (Se 520.101-3.)			10h		х					
	10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i							
	Pension Funding Compliance				l	!-					
11	s this a defined benefit plan subject to minimum funding requirement								Yes	X	No
a 1	s this a defined contribution plan subject to the minimum funding refuges," complete 12a or 12b, 12c, 12d, and 12e below, as applicable a waiver of the minimum funding standard for a prior year is being ranting the waiver.	le.) amortized in this plar	ı year, see instruc	ctions	, and e	enter th	e date of th	ne lette Year	er rul	ing	
-	u completed line 12a, complete lines 3, 9, and 10 of Schedule N				Γ	12b					
	nter the minimum required contribution for this plan year				- 1	12c		vmr.			
d :	nter the amount contributed by the employer to the plan for this plan subtract the amount in line 12c from the amount in line 12b. Enter the egative amount)	e result (enter a mint	us sign to the left	of a	Į.	12d					
	Vill the minimum funding amount reported on line 12d be met by the						Yes	No	0	Ī N	I/A
art \	*********	<u> </u>									
	las a resolution to terminate the plan been adopted during the plan	vear or any prior vea	r?					П	Yes	X	No
	"Yes," enter the amount of any plan assets that reverted to the em				- [13a					
b	Vere all the plan assets distributed to participants or beneficiaries, to	ransferred to another				ontrol			Yes	X	No
	f during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify t	he pla	ın(s) to) 					
13	c(1) Name of plan(s):				13	c(2) El	N(s)	1	3c(3)	PN	(s)
				-				+-			—
	,										
Cautio	n: A penalty for the late or incomplete filing of this return/repo	rt will be assessed (unless reasonab	le ca	use is	estab	lished.				
Under SB or	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well t is true, correct, and complete.	I declare that I have	examined this ret	urn/re	port, i	ncludin	g, if applica	able, a knowl	a Sch edge	edul and	е
6103	Kulla	7-19-11	BRIAN NILSEN	1							
SIGN HERE	Signature of plan administrator	Date	Enter name of i	ndivid	ual sic	ning a	s plan adm	inistra	ator		
					•		*				
SIGN HERE	Signature of employer/plan sponsor	Enter name of i	ndivid	ual sic	ning a	s employer	or pla	an sp	onso	 or	