	Form 5500-SF	yee	OMB Nos. 1210-0110 1210-0089							
	Department of the Treasury Internal Revenue Service	This form is required to be file	e	2010						
Er	Department of Labor nployee Benefits Security Administration	Э	This Form is Open to Public	-						
Ρ	Employee Benefits Security Administration       Internal Revenue Code (the Code).       Inis Form is Open to Pu Inspection         Pension Benefit Guaranty Corporation       Complete all entries in accordance with the instructions to the Form 5500-SF.       Inis Form is Open to Pu Inspection									
-	Part I         Annual Report Identification Information           For calendar plan year 2010 or fiscal plan year beginning         01/01/2010         and ending         12/31/2010									
	calendar plan year 2010 or fisca	al plan year beginning 01/01/2010		and ending 1 mployer plan (not multiemployer)	2/31/2					
	This return/report is for:	one-participant plan								
в	This return/report is for:	first return/report	final retur	n/report a year return/report (less than 12 mo	ntha)					
<b>c</b>	Obeels hers if filing under				11115)					
	C Check box if filing under:									
Pa	Part II Basic Plan Information—enter all requested information									
	Name of plan				1b	Three-digit				
MUD	BAY RETIREMENT PLAN					plan number 001				
					10	(PN) Effective date of plan				
					10	01/01/2010				
	Plan sponsor's name and addre BAY, INC.	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-2060015				
	- 37TH AVE, S.W.				2c	Plan sponsor's telephone number 360-709-0074				
	MPIA, WA 98512				2d	Business code (see instructions) 453910				
3a	Plan administrator's name and a BAY, INC.	address (if same as Plan sponsor, e 2900 - 37TH			3b	Administrator's EIN 91-2060015				
WOD	BAT, INC.	OLYMPIA, W		•	3c	<b>c</b> Administrator's telephone numb				
4	f the name and/or FIN of the pla	n sponsor has changed since the las	st return/re	nort filed for this plan, enter the	4h	360-709-0074 EIN				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name							—			
50	Total construction of a softward of a softward	the basis is a fide at a second			-	PN	_			
5a Total number of participants at the beginning of the plan year				vu	0 85					
<ul><li>b Total number of participants at the end of the plan year</li><li>c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not</li></ul>					5b	00	, 			
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						24	ł			
-		uring the plan year invested in eligibl				Xes 🗌 No	D			
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 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.									
Pa	rt III Financial Informa	ation		[						
7	Plan Assets and Liabilities			(a) Beginning of Year	0	(b) End of Year				
a b	I I		7a		<b>,</b>	51485	<u>,</u>			
b C	•	b from line 7a)			0	51485	5			
8	Income, Expenses, and Transfe	·		(a) Amount		(b) Total	—			
a	Contributions received or received									
			8a(1)	4784:	2					
			8a(2)	4704	2					
b	.,			3643	2					
D C		Ba(2), 8a(3), and 8b)				51485	5			
d		ollovers and insurance premiums								
	to provide benefits)									
e f		ve distributions (see instructions)								
t a		s (salaries, fees, commissions)								
g h		3e, 8f, and 8g)								
i		8h from line 8c)				51485	5			
i		e instructions)								

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 2T 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	Dur	ing the plan year:		Yes	No		Amou	nt	
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		Х				
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			Х					
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		Х				
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		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х				
i		In 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						
Part	VI	Pension Funding Compliance							
11									
lf y	<ul> <li>(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li><b>a</b> 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</li></ul>								
c		er the minimum required contribution for this plan year er the amount contributed by the employer to the plan for this plan year			12c				
d	Litter the amount contributed by the employer to the plan for this plan year								
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	<b>a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Ì	/es	X No
		es," 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 under the control of the PBGC?									
C	lf du	rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ch assets or liabilities were transferred. (See instructions.)						_	
13c(1) Name of plan(s):				130	<b>:(2)</b> El	N(s)	13	<b>c(3)</b> F	PN(s)
Caut	ion:	A nenalty for the late or incomplete filing of this return/report will be assessed unless reasonab	l le cai	iso is	ostahl	ished	- 1		

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.	07/22/2011	MARISA L. WULFF
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

Page **2-**1

	Form 5500-SF	Short Form Annua		port of Small Employ	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service	This form is required to be		Benefit Plan d under sections 104 and 4065 of the Employee			2010			
Em	Department of Labor ployee Benefits Security Administration	Retirement Income Secur	ISA), and section 6058(a) of the e (the Code). This Form is Open to Put			Open to Public				
Pe	nsion Benefit Guaranty Corporation	► Complete all entries in ac	-SF.	Inspection F.						
Pa		lentification Information								
For c	alendar plan year 2010 or fisc			and ending						
Ат	his return/report is for:	X single-employer plan		oyer plan (not mulliemployer)		one-participar	it plan			
Вт	his return/report is for:	X first return/report	final return/re	<ul> <li>W</li> <li>M</li> <li>M</li></ul>						
		an amended return/report	H	ar return/report (less than 12 mon	× 17					
CC	Check box if filing under:	Form 5558	automatic ext	ension		DFVC program	n			
		special extension (enter descr								
Pa		mation—enter all requested inf	ormation		41					
	Name of plan				10	Three-digit plan number				
MUD	BAY RETIREMENT PLAN					(PN)	001			
					1c	Effective date of 01/01/20				
	Plan sponsor's name and addr BAY, INC.	ess (employer, if for single-emplo	oyer plan)			Employer Identifi (EIN) 91-2060				
	- 37TH AVE, S.W.					Plan sponsor's te 360-709				
	IPIA WA 98512				2d	Business code (s 453910	see instructions)			
3a SAMI		address (if same as Plan sponse	or, enter "Same")		3b Administrator's EIN 91-2060015					
					3c	Administrator's to 360-709	elephone number 0-0074			
		an sponsor has changed since th		t filed for this plan, enter the	4b	EIN				
r	name, EIN, and the plan number	er from the last return/report. Spo	onsor's name	125	4c	DN				
5a	Total number of participants a	t the beginning of the plan year				1	0			
<ul> <li>5a Total number of participants at the beginning of the plan year</li> <li>b Total number of participants at the end of the plan year</li> </ul>					5b		85			
	Total number of participants v	vith account balances as of the e	nd of the plan year	(defined benefil plans do not	5c		24			
6a		100 March 100 Ma	NAME AND A DESCRIPTION	e instructions.)	1000		Yes No			
				nt qualified public accountant (IQI						
	under 29 CFR 2520.104-46?	(See instructions on waiver eligit	ility and conditions	5.)			X Yes 🗌 No			
De	If you answered "No" to eit rt III Financial Inform		se Form 5500-SF	and must instead use Form 55	00.					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Voor			
'a				(L) Deginning of Teur			51485			
b	Andorating Allowed a		A contract of the second se			·····				
		7b from line 7a)		0			51485			
8	Income, Expenses, and Trans		and the second	(a) Amount		(b) T	otal			
	Contributions received or received	eivable from:		and the second						
	679777 N7 NC			10010	e 10					
				47843	<u>- 6</u>					
<u>1</u>	(GYR) (2 120)	s)	and the second	3642						
b		0-(0) 0-(0) and 0h)		3042			51485			
c d	and the second	, 8a(2), 8a(3), and 8b) t rollovers and insurance premiur			2		51700			
u		Tonovers and insurance premior		a constant a constant a						
e Certain deemed and/or corrective distributions (see instructions) 8e										
f Administrative service providers (salaries, fees, commissions) 8f				20 						
g	Other expenses		<u>8g</u>	3 						
ĥ	Total expenses (add lines 8d	, 8e, 8f, and 8g)	<u>8h</u>							
t	Net income (loss) (subtract lin	ne 8h from line 8c)			-		51485			
j	Transfers to (from) the plan (	see instructions)	····· 8j							

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

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Form 5500-SF 2010

4 1 1

				-				
Par								
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 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	acteris	lic Co	des in t	he instruct	ions:		
Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amo	unt	
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.)			х				
C	Was the plan covered by a fidelity bond?			X				
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				
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		- 1 412		
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			STOL	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	5			
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							
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))	nplete	Scheo	lule SB	(Form	Π	Yes	∏ No
	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.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver.	e or se ctions	ection :	302 of I	ERISA? e dale of ti	he lei Yea	ller rul	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	426		-3978		
	Enler the minimum required contribution for this plan year		0010026	12b				11000
c d	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left			12c				
u	negative amount)			12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	lo [	N/A
Part	VII Plan Terminations and Transfers of Assets		18.1					
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	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?					Π	Yes	X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify I which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):		13	c(2) El	N(s)		3c(3)	PN(s)
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab							
Unde SB o	r penallies of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return	um/re /repor	port, ir t. and	icluding	), if applications of my	ible, knov	a Schi ledge	edule and

Page **2-**1

belief, it is true, correct, and complete.

SIGN	* Mitt	17/19/1	MARISA L. WULFF			
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			