# 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

Р	art I	Annual Report I	dentification Informat	ion						
For	calend	ar plan year 2010 or fis	cal plan year beginning 0	1/01/201	0	and ending	12/31/2	2010		
Α	This ref	turn/report is for:	x single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan		
		turn/report is for:	first return/report	Π̈	final retur	n/report				
_		,	an amended return/repor	, Ï	short plar	n year return/report (less than 12 m	onths)			
_	Chook	box if filing under:	☐ Form 5558		•	extension	,	DFVC program		
C	CHECK	box ii iiiing under.	special extension (enter	∐ doccriptic		CALCHSION		_ bi vo program		
D	£ 11	Dania Dian Info	<u> </u>	•	,					
	art II		mation—enter all requeste	ed inform	ation		1h	Throp digit		
		of plan	401(K) PROFIT SHARING F	DI AN			10	Three-digit plan number		
AOIT	LL I-DL	-KTOCH GROOF, INC.	401(R) I ROLLI SHARINOT	LAIN				(PN) ▶ 001		
							1c	Effective date of plan		
								01/01/2005		
		ponsor's name and add ERTSCH GROUP, INC.	Iress (employer, if for single-	employer	plan)		2b	Employer Identification Number 91-1366769		
АЭП	LE 1-DE	ERISCH GROUP, INC.					20	(EIN) 91-1366/69 Plan sponsor's telephone number		
		TALINE					20	509-735-2781		
KEN	NEWIC	CK, WA 99336					2d	Business code (see instructions)		
2-	D:				. "0	"	26	236110		
ASH	Plan a LEY-BE	idministrator's name and ERTSCH GROUP, INC.	d address (if same as Plan sp 580	onsor, e 3 W. ME		≘")	30	Administrator's EIN 91-1366769		
			KEN	NEWIC	K, WA 993	36	3c	Administrator's telephone number		
								509-735-2781		
			lan sponsor has changed sin er from the last return/report.			port filed for this plan, enter the	4b	EIN		
	name, i	Eliv, and the plan humb	er from the last return/report.	Sponso	or s name		4c	PN		
5a	Total	number of participants a	at the beginning of the plan y	ear			. 5a	11		
b							. 5b	8		
С						vear (defined benefit plans do not	0.0	_		
	comp	lete this item)					. 5c	5		
6a		•	. ,	•		(See instructions.)		Yes No		
b						ndent qualified public accountant (Idions.)		X Yes ☐ No		
						SF and must instead use Form 5				
Pa	art III	Financial Inform								
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End of Year		
а	Total	plan assets			. 7a	5696	74	379390		
b	Total	plan liabilities			. 7b					
С	Net pl	lan assets (subtract line	7b from line 7a)		7c	5696	74	379390		
8	Incom	ne, Expenses, and Trans	sfers for this Plan Year			(a) Amount		(b) Total		
а	Contri	ibutions received or rec	eivable from:			144	73			
					. 8a(1)					
	` '	•			8a(2)	48630				
	` '	`	s)		` ` '	670	0			
b		` ,				6709	9	120162		
C		, , ,	, 8a(2), 8a(3), and 8b)		8c			130162		
d			t rollovers and insurance prei		. 8d	3204	46			
е			ctive distributions (see instru		8e		0			
f			ers (salaries, fees, commission	,	8f		0			
g		·		,	8g					
b h		·	, 8e, 8f, and 8g)					320446		
i			ne 8h from line 8c)					-190284		
i		` , `	see instructions)							

	F	Form 5500-SF 2010 Page <b>2-</b>							
Par	t IV	Plan Characteristics							
Эа		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2E 2F 2G 2J 2K 3D	racteris	stic Co	des in	the instru	uctions	:	
h		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Cod	des in t	he instru	ctions:		
		plan provided wellard borlones, onto the approache world o toutere deade from the block of high order	aotono		400 III (	110 1110114	0.10110.		
art	t V	Compliance Questions							
0	Duri	ng the plan year:		Yes	No		Amo	ount	
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		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Wa	s the plan covered by a fidelity bond?	10c	X					57000
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	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance 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		th 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		Х				
art	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor					[]	Yes	X No
2	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc	e or se	ction 3	302 of I	ERISA?.		Yes	X No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruting the waiver.						tter ruli r	
lf	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			<b>-</b> 20,				
b	Ente	r the minimum required contribution for this plan year			12b				
С	Ente	r 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 lefative amount)	t of a		12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	10	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?				,		Yes	X No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				

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

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 X 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.	07/24/2011	ROBERT E. BERTSCH					
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

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# Short Form Annual Return/Report of Small Employee **Benefit Plan**

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Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2010

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		dance with	the instructions to the Form 5500	-5F.	<u> </u>				
	Annual Report Identification Information		ddt.						
For	calendar plan year 2010 or fiscal plan year beginning		and ending						
A	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)	one-participant plan					
В	This return/report is for: first return/report	n/report							
	an amended return/report	short plan	year return/report (less than 12 mon	ths)					
C	Check box if filing under: Form 5558	automatic	extension		DFVC program				
	special extension (enter description	n)			_				
Pa	rt II Basic Plan Information—enter all requested informa								
	Name of plan	<u>uuon</u>		1b	Three-digit				
	LEY-BERTSCH GROUP, INC. 401(K) PROFIT SHARING PLAN				plan number				
,,,,,,,					(PN) ▶ 001				
				1c	Effective date of plan				
				O.L.	01/01/2005				
	Plan sponsor's name and address (employer, if for single-employer LEY-BERTSCH GROUP, INC.	plan)		<b>2</b> D	Employer Identification Number (EIN) 91-1366769				
AOITI	LET-BERTSOFT GROOF, INC.		ļ	2c	Plan sponsor's telephone number				
5803	W. METALINE				509-735-2781				
KENI	NEWICK WA 99336			2d	Business code (see instructions)				
				01.	236110				
3a SAM	Plan administrator's name and address (if same as Plan sponsor, e ⊏	nter "Same	∍")	SD	Administrator's EIN 91-1366769				
OFTIVI	<u> </u>		~	3c	Administrator's telephone number				
					509-735-2781				
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b EIN					
1	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c	DN .				
5a Total number of participants at the beginning of the plan year					11				
				<u>5a</u> 5b	8				
b Total number of participants at the end of the plan year									
С	C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)				5				
6a	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			OPA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditi	ions.)		X Yes No				
Lengt_10.5	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	0.					
Pa	rt III Financial Information	les este este est a la se		1					
7	Plan Assets and Liabilities		(a) Beginning of Year	_	(b) End of Year				
а	Total plan assets	. 7a	569674		379390				
b	Total plan liabilities	. 7b		_					
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7с	569674		379390				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:	0.40	14473						
	(1) Employers	. 8a(1)	48630						
	(2) Participants	. 8a(2)	48030						
	(3) Others (including rollovers)			-					
b	Other income (loss)		67059						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			130162				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	320446						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	0						
f	Administrative service providers (salaries, fees, commissions)		0	7					
g	Other expenses								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				320446				
i	Net income (loss) (subtract line 8h from line 8c)				-190284				
i	Transfers to (from) the plan (see instructions)		The second of th						

Page <b>2-</b>	1

Enter name of individual signing as employer or plan sponsor

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⊢orm	ລລເມເ	-5-r	207	u

HERE

Signature of employer/plan sponsor

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: 2A 2E 2F 2G 2J 2K 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	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)					Х	. <u>.</u>			
b	Were there any nonexempt transactions with any party-in-interest? (Do not on line 10a.)			l0b		х				
С	Was the plan covered by a fidelity bond?			10c	Х					57000
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?									
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.)					Х				
f	Has the plan failed to provide any benefit when due under the plan?					Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year	end.)		10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instr 2520.101-3.)			10h		х				
i	If 10h was answered "Yes," check the box if you either provided the require exceptions to providing the notice applied under 29 CFR 2520.101-3	ed notice or one	of the	10i		Х				
Part	VI Pension Funding Compliance									
	Is this a defined benefit plan subject to minimum funding requirements? (If '5500))								Yes	X No
	(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 amortize granting the waiver		Month							
b	Enter the minimum required contribution for this plan year				L	12b				
С	Enter the amount contributed by the employer to the plan for this plan year.				L	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)					12d				
е	Will the minimum funding amount reported on line 12d be met by the funding	ng deadline?					Yes	N	lo	N/A
Part	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted during the plan year of	r any p <b>r</b> ior 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, transfer of the PBGC?								Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	lan to another	plan(s), identify the	e pla	n(s) to					
1	3c(1) Name of plan(s):				13c(2) EIN(s)				13c(3)	PN(s)
Court	ion: A penalty for the late or incomplete filing of this return/report will l	ho assessed to	uniose rossonable		ieo le	establ	lished			
Unde SB o	or penalties of perjury and other penalties set forth in the instructions, I declar Schedule MB completed and signed by an enrolled actuary, as well as the fit is true, correct, and complete.	re that I have e	xamined this retu	n/re	port, ir	ncludin	g, if applica	able, know	a Sch ledge	edule and
616	Est Broteeth .	721-11	ROBERT E. BEI	ERTSCH						
SIG HER		i	Enter name of inc	bivib	ual sic	ning a	s plan adm	inistr	ator	
eic	SIGN									

Date