## 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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	n the instructions to the Form 5500	0-SF.				
		dentification Information							
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	0	and ending 1	2/31/	2010			
Α.	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	int plan		
В	This return/report is for:	first return/report	final retur	n/report					
		an amended return/report	short plan	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	am		
		special extension (enter description	on)						
Pa	rt II Basic Plan Infor	mation—enter all requested inform	,						
	Name of plan	mation—enter all requested inform	alion		1h	Three-digit			
		ALARY DEFERRAL 401(K) PL				plan number	001		
		. ,				(PN) <b>•</b>	001		
					1c	Effective date o			
					٥l٠	01/01/2			
	Plan sponsor's name and addi EN NISSAN, INC.	ress (employer, if for single-employer	plan)		ZD	Employer Identi (EIN) 91-143			
Dora	211111007111, 1110.				2c		telephone number		
	HERBERT L. WHITEHEAD - 199TH AVENUE COURT EA	ST				253-86	2-5377		
	NER, WA 98390				2d	Business code (	(see instructions)		
32	Plan administrator's name and	address (if same as Plan sponsor, e	ntor "Same	,"\	3h	Administrator's			
BURI	EN NISSAN, INC.	C/O HERBE	RT L. WHI	ΓEHEAD	35	91-143			
		2419 - 1991) SUMNER, W		COURT EAST	3с	3c Administrator's telephone numb			
					253-862-5377				
	•	an sponsor has changed since the later from the last return/report. Sponso		port filed for this plan, enter the	4b EIN				
	iamo, Env, and the plan numbe	or from the last return/report. Oponse	n 3 name		4c	PN			
5a	Total number of participants a	t the beginning of the plan year			5a		5		
b	Total number of participants a	t the end of the plan year			5b		C		
С	Total number of participants w	rith account balances as of the end o	f the plan v	ear (defined benefit plans do not	0.0				
				•	5c				
6a	Were all of the plan's assets of	during the plan year invested in eligib	le assets?	(See instructions.)			Yes No		
b		he annual examination and report of					X Yes No		
		(See instructions on waiver eligibility ner 6a or 6b, the plan cannot use F		•					
Pa	rt III Financial Inform		0	or and must motoda ass r sim so					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		. 7a	20587	,	(3) =:::	(		
b	'								
С	•	7b from line 7a)	. 7c	20587	,		C		
8	Income, Expenses, and Trans	·		(a) Amount		(b) <sup>7</sup>	Γotal		
а	Contributions received or rece			(a) · · · · · ·		( /			
	(1) Employers		. 8a(1)						
	(2) Participants		. 8a(2)		_				
	(3) Others (including rollovers	3)	. 8a(3)		_				
b	Other income (loss)		. 8b						
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c						
d		rollovers and insurance premiums	. 8d	20587	,				
е		tive distributions (see instructions)	. 8e						
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f						
g	Other expenses								
h	•	8e, 8f, and 8g)					20587		
i		e 8h from line 8c)					-20587		
j		ee instructions)							

Form 5500-SF 2010	Page <b>2-</b>
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Part IV	Plan	Charact	teristics

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	•		1	1				
0	During the plan year:		Yes	No		Amou	nt	
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				
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	insurance service or other organization that provides some or all of the benefits under the plan? (See	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		Χ				
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g 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		X				
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Ħ,	Yes	X No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0. 00.	0110110	, o		ш		
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver.							
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-	ı				
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left conegative amount)			12d	_			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	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			13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?			ntrol		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.)	e plar	n(s) to					
1	13c(1) Name of plan(s):				N(s)	13	3c(3) l	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e can	se is 4	establi	ished	1		
nde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned the set of th	rn/rep	ort, in	cluding	g, if applicat			
elief	, it is true, correct, and complete.							
	Filed with authorized/valid electronic signature. 08/09/2011 HERBERT L. WHI	ITEH	EAD					

SIGN	Filed with authorized/valid electronic signature.	08/09/2011	HERBERT L. WHITEHEAD				
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

Department of the Treasury Internal Revenue Service

## 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

OMB Nos. 1210-0110 1210-0089

	Department of Labor Retirement Income Security Retirement Income Internation	y Act of 1	974 (ERI	SA), an	d section	6058	(a) of the	20	เบ
		al Revenu				<b></b>		This Form	
=	ension Benefit Guaranty Corporation		with the i	nstruc	tions to t	ne ro	erm 5500-SF.	to Public Ir	spection
		1/01/2	2010				1	2/21/201	^
A						and er		2/31/201	
В	This return/report is for: X single-employer plan				olan (not m	nuitien	прюуег) 📋	one participant	plan
ם	This return/report is for:   first return/report	_	l return/re	•		a •			
C	an amended return/report	1 1				(Iess t	than 12 months		
	Check box if filing under: Form 5558	_	omatic ex	aenskol	n		L	DFVC program	
Pa	special extension (enter deart II   Basic Plan Information - enter all requeste	d informa	tion						
	Name of plan	o unomia	LIGIT			16	Three-digit		
	LINIER AUTOMOTIVE GROUP SALARY I	ERREC	RAT. 4	017	к) рт.		plan number (	PN)	001
		, <u></u> .		: U .L. \ .		$\overline{}$	Effective date	of plan	001
						. •		1/2004	
<u>2a</u>	Plan sponsor's name and address (employer, if for single-em	olover pla	n)			2b		tification Number	er (FIN)
	RIEN NISSAN, INC.	,, c., <b>p</b>	···,					431955	. (=:.•)
						2c		s telephone num	iher
C/	O HERBERT L. WHITEHEAD					-		862-5377	
24	19 - 199TH AVENUE COURT EAST					2d		(see instruction	ns)
SU	MNER WA 98390					Ì	4411		,
3а	Plan administrator's name and address (If same as Plan spor	nsor, ente	r "Same"	)		3b	Administrator's	s EIN	
SA	ME								
						3c	Administrator's	s telephone num	nber .
						ļ. <u></u>			
	f the name and/or EIN of the plan sponsor has changed since					4b	EIN		
þ	plan, enter the name, EIN, and the plan number from the last re	eturn/repo	ort. Sp	onsor's	s name	ļ. <u></u>			
						4c	PN		
E-	What a sale sale sale sale sale sale sale sa					F	r		
	Total number of participants at the beginning of the plan yea					5a 5b		5	
c	Total number of participants at the end of the plan year  Total number of participants with account balances as of the					30		0	
	benefit plans do not complete this item)					5c		0	
6a	Were all of the plan's assets during the plan year invested in	eligible as	sets? (Se	ee instr	rections )		L		. No
b	Are you claiming a waiver of the annual examination and repo	ong .b .b .c. ort of an ir	ndepende	ent qua	lified publ	lic acc	countant	<u>F3</u> 1 💝	, ,,,,,
	(IQPA) under 29 CFR 2520.104-46? (See instructions on wait							X Yes	s $\Pi_{No}$
	If you answered "No" to either 6a or 6b, the plan cannot u								
Pa	art III Financial Information					<del></del>	<u> </u>		
7	Plan Assets and Liabilities				(a) Be	ginniı	ng of Year	(b) End o	f Year
а	Total plan assets			7a			20,587		C
Ь	Total plan liabilities	***********		7b					
C	Net plan assets (subtract line 7b from line 7a)			7c			20,587		C
8	Income, Expenses, and Transfers for this Plan Year					a) Am	ount	(b) To	rtal
а									
	(1) Employers			8a(1)					
	(2) Participants			8a(2)					
	(3) Others (including rollovers)			8a(3)					
	Other income (loss)			8b				·	
	(			8c					
	Benefits paid (including direct rollovers and insurance premiums to p			8d	-		20,587	STATEME	NT 1
	Certain deemed and/or corrective distributions (see instruction			8e					
f	Administrative service providers (salaries, fees, commissions)			8f					
g h	Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)			8g		-			20,587
i	Net income (loss) (subtract line 8h from line 8c)	- ## + ## + + + + #	harman en en en	8h 8i					-20,587
_	with the many form and a min out those with only annual many						1		~~,~~!

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

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018571 07-15-10

Transfers to (from) the plan (see instructions)

	, Form 5500-SF (2010)			Page 2	2- 🗀					
				<u>~</u>	·····			_	•	
Par	IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the appl	icable pension feature	codes from the List of	Plan C	harac	teristic	Codes	in the instru	ctions:	
	2Ј	·								
	If the plan provides welfare benefits, enter the appli	cable welfare feature c	odes from the List of F	Plan Ch	aracte	eristic (	Codes in	the instruc	tions:	
Par	V Compliance Questions									
	During the plan year:				Yes	No		Amount		
	a 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									
				10b		x				
	Was the plan covered by a fidelity bond?			10c		X				
	Did the plan have a loss, whether or not reimbursed			100						
				10d		x				
_	was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers,	ozonto or other serve	no by an incurance	100		A				
	were any rees of confinesions paid to any brokers, carrier, insurance service or other organization that									
	<del>-</del>			10e		x				
	the plan? (See instructions.) Has the plan failed to provide any benefit when due			10f		X				
	Did the plan have any participant loans? (If "Yes," e			10g		x			• • • • • • • • • • • • • • • • • • • •	
	If this is an individual account plan, was there a blace			.09			,,,,			
	and 29 CFR 2520.101-3.)			10h		х				
	If 10h was answered "Yes," check the box if you eit			10.11						
	of the exceptions to providing the notice applied un			10i		x			:	
Par			-			1				
11	Is this a defined benefit plan subject to minimum fu	ndina requirements? (I	f "Yes," see instruction	ns and	comp	lete				
	Schedule SB (Form 5500))							Yes	X No	
12	is this a defined contribution plan subject to the min	nimum funding require	ments of section 412 o	of the C	ode o	r			_	
	section 302 of ERISA? (If "Yes," complete 12a or 12	2b, 12c, 12d, and 12e	below, as applicable.)					Yes	X No	
а	If a waiver of the minimum funding standard for a p	rior year is being amorf	tized in this plan year, s	see ins	tructio	ons, an	d enter	the date of t	he letter	
	ruling granting the waiver.		Month		Da	У		Year		
lfy	rou completed line 12a, complete lines 3, 9, and 1			line 1	3.					
	Enter the minimum required contribution for this pla					12b				
C	Enter the amount contributed by the employer to the	e plan for this plan yea	ar		a 10 aprel 10	12c				
d	Subtract the amount in line 12c from the amount in	line 12b. Enter the res	ult (enter a minus sign	to						
	the left of a negative amount)					12d	L.,			
<u>e</u>	Will the minimum funding amount reported on line 1		ling deadline?			<u> </u>	'es	No	N/A	
	t VII Plan Terminations and Transfer								<del></del>	
13a	Has a resolution to terminate the plan been adopte		- · · · · · · · · · · · · · · · · · · ·			1		X Yes	l No	
	If "Yes," enter the amount of any plan assets that re					13a	l		0	
b	Were all the plan assets distributed to participants	or beneficiaries, transf	erred to another plan, o	or brou	ght			₽	Π.,	
	under the control of the PBGC?							X Yes	∐ No	
С	If during this plan year, any assets or liabilities were	transferred from this	olan to another plan(s),	, identii	y the	pian(s)	to whic	n assets or		
	liabilities were transferred. (See instructions.)				40 × (0)	- EINIG		40-(0)	DN/o	
1	3c(1) Name of plan(s):				I3C(2)	) EIN(s		13c(3)	m IV(S)	
			···							
Cau	tion: A penalty for the late or incomplete filing of	this return/report wil	i he assessed unless	reasor	able	cause	is estat	olished.		
Linelar	constitute of nations and other parallies set forth in the instructions. It	declare that I have examined th	nis return/report, including if a	policable	a Sche	edule SB			d 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	e, correct,	and co	mplete.				
_	011.0/1/1/	6.0								
SIG		8-9-11	HERBERT L.			IEAD				
-nen	Signature of plan administrator	Date	Enter name of individ	ual sig	ning a	s plan	adminis	trator		
~-~										
SIG								···		
1160	Signature of employer/plan sponsor	Date	Enter name of individ	ual sig	ning a	s emp	loyer or	plan sponso	or .	