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.

2040

2010

OMB Nos. 1210-0110 1210-0089

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)	and ending	12/31/2	2010			
Α	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for: first return/report	final retur	n/report		_			
		short plar	year return/report (less than 12 m	onths)				
C	<u> </u>	·	extension	,	DFVC program			
	special extension (enter description		, exteriorer					
Dr								
	Int II Basic Plan Information—enter all requested information—of plan	ation		1h	Three-digit			
	SOL, INC. 401(K) PROFIT SHARING PLAN			10	nlan number			
DLL	552, 110. 101(11) 1110111 5111111110 1 12111				(PN) ▶ 001			
				1c	Effective date of plan			
					01/01/2005			
	Plan sponsor's name and address (employer, if for single-employer pSOL, INC.	plan)		2b	Employer Identification Number			
DEL	SOL, INC.			20	(EIN) 91-2144944 Plan sponsor's telephone number			
	NEST COLUMBIA ST., SUITE 1			20	509-542-9511			
PAS	CO, WA 99301			2d	Business code (see instructions)			
				-	561720			
DEL	Plan administrator's name and address (if same as Plan sponsor, en SOL, INC. 611 WEST CO	nter "Same OLUMBIA	e") ST., SUITE 1	30	Administrator's EIN 91-2144944			
	PASCO, WAS			3c	Administrator's telephone number			
					Administrator's telephone number 509-542-9511			
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	PN			
5a	Total number of participants at the beginning of the plan year			_	23			
b	Total number of participants at the end of the plan year				23			
	, ,			5b	20			
С	Total number of participants with account balances as of the end of complete this item)		•	. 5c	7			
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No			
b	Are you claiming a waiver of the annual examination and report of a		'					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		Yes No			
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5	500.				
			()5		40 = 1 4V			
7	Plan Assets and Liabilities	_	(a) Beginning of Year	25	(b) End of Year 257494			
a h	Total plan lish lities	7a			20.10.			
0	Total plan liabilities	7b	18692	25	257494			
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c						
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	(b) Total				
а	(1) Employers	8a(1)	774	13				
	(2) Participants	8a(2)	44675					
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	1815	1				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			70569			
d	Benefits paid (including direct rollovers and insurance premiums			_				
	to provide benefits)	8d		0				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0			
i	Net income (loss) (subtract line 8h from line 8c)	8i			70569			
i	Transfers to (from) the plan (see instructions)	Ωi						

	Form 5500-SF 2010 Page 2-						
ar	t IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2A 2E 2F 2G 2J 2K 2T 3D	racteris	stic Co	des in t	ne instruction	ons:	
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Cod	des in th	e instructio	ons:	
ırt	V Compliance Questions		V	Nia			
_	During the plan year:	. —	Yes	No		Amount	
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		Х			
С	Was the plan covered by a fidelity bond?	10c	X				18700
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud			X			
	or dishonesty?	10d		^			
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.)	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	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			Х			
	2520.101-3.)	10h					
Ī	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			
4		101					
π	VI Pension Funding Compliance		0 - 1 1	OD	<u></u>		
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co 5500))					Yes	X No
<u>. </u>							X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru						ing
lf v	granting the waiver			Day _		rear	
	Enter the minimum required contribution 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 of a						
	negative amount)			12d	 	-	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
rt	VII Plan Terminations and Transfers of Assets						

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 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.	08/19/2011	MARTIN RODRIGUEZ
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

Department of Labor Employee Benefits Security Administration

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).

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

	rt Annual Report Identification Information						
For	calendar plan year 2010 or fiscal plan year beginning		and ending				
A 1	his return/report is for:	multiple-e	mployer plan (not multiemployer)	one-participant plan			
Вт	his return/report is for: first return/report	final returi	n/report				
	an amended return/report	short plan	year return/report (less than 12 mon	ths)			
C	Check box if filing under:	automatic	extension		DFVC program		
	special extension (enter descript						
Pa	rt II Basic Plan Information—enter all requested inform	nation					
<u> </u>	Name of plan				hree-digit		
DEL:	SOL, INC. 401(K) PROFIT SHARING PLAN			•	an number 001		
			-		ffective date of plan		
	·			.0 _	01/01/2005		
2a	Plan sponsor's name and address (employer, if for single-employer	er plan)			mployer Identification Number		
	SOL, INC.				(IN) 91-2144944		
	WEST COLUMBIA ST., SUITE 1			∠C PI	lan sponsor's telephone number 509-542-9511		
	CO WA 99301			2d B	usiness code (see instructions)		
				<u> </u>	561720		
	Plan administrator's name and address (if same as Plan sponsor,	enter "Same	(")	3b A	dministrator's EIN 91-2144944		
SAM	<u>.</u>			3c A	dministrator's telephone number		
				•	509-542-9511		
4 if the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the					IN ·		
r	name, EIN, and the plan number from the last return/report. Spons	or s name		4c P	N		
5a	Total number of participants at the beginning of the plan year			5a	23		
	Total number of participants at the end of the plan year	5b	23				
С	Total number of participants with account balances as of the end			_	7		
	complete this item)			5c	7		
6a	complete this item)	ible assets?	(See instructions.)				
6a	Complete this item)	ible assets? f an indeper	(See instructions.)dent qualified public accountant (IQF	PA)	X Yes No		
6a	Complete this item)	ible assets? f an indeper y and condit	(See instructions.)dent qualified public accountant (IQFons.)	PA)	X Yes No		
6a b	Complete this item)	ible assets? f an indeper y and condit	(See instructions.)dent qualified public accountant (IQFons.)	PA)	X Yes No		
6a b	Complete this item)	ible assets? f an indeper y and condit	(See instructions.) Ident qualified public accountant (IQF ons.) SF and must instead use Form 550 (a) Beginning of Year	PA)	X Yes No X Yes No (b) End of Year		
6a b	complete this item)	ible assets? f an indeper y and condit Form 5500-	(See instructions.)	PA)	X Yes No X Yes No		
6a b	complete this item) Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use rill. Financial Information Plan Assets and Liabilities	ible assets? f an indeper y and condit Form 5500-	(See instructions.) Ident qualified public accountant (IQF ons.) SF and must instead use Form 556 (a) Beginning of Year 186925	PA)	X Yes		
6a b Pa 7 a b	complete this item)	ible assets? f an indeper y and condit Form 5500 7a 7b	(See instructions.) Ident qualified public accountant (IQF ons.) SF and must instead use Form 550 (a) Beginning of Year	PA)	X Yes No X Yes No (b) End of Year		
6a b Pa 7 a b	complete this item)	ible assets? f an indeper y and condit Form 5500 7a 7b	(See instructions.) Ident qualified public accountant (IQF ons.) SF and must instead use Form 556 (a) Beginning of Year 186925	PA)	X Yes		
6a b Pa 7 a b c	complete this item)	ible assets? f an indeper y and condit Form 5500- 7a 7b 7c	(See instructions.) Ident qualified public accountant (IQFons.) SF and must instead use Form 550 (a) Beginning of Year 186925	PA)	X Yes		
6a b Pa 7 a b c	complete this item)	ible assets? f an indeper y and condit Form 5500- 7a 7b 7c 8a(1)	(See instructions.) Ident qualified public accountant (IQFons.) SF and must instead use Form 550 (a) Beginning of Year 186925 (a) Amount	PA)	X Yes		
6a b Pa 7 a b c	Complete this item)	ible assets? f an indeper y and condit Form 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.) Ident qualified public accountant (IQFons.) SF and must instead use Form 550 (a) Beginning of Year 186925 186925 (a) Amount	PA)	X Yes		
Pa 7 a b c	complete this item)	ible assets? f an indeper y and condit Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.) (See instructions.) (dent qualified public accountant (IQF ons.) (SF and must instead use Form 55((a) Beginning of Year 186925 (a) Amount 7743 44675	PA)	X Yes		
6a b Pa 7 a b c	Complete this item)	ible assets? f an indeper y and condit Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(See instructions.) (See instructions.) (dent qualified public accountant (IQF ons.) (a) Beginning of Year (a) Beginning of Year 186925 (a) Amount 7743 44675	PA)	X Yes		
6a b 7 a b c 8 a	complete this item)	ible assets? f an indeper y and condit Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(See instructions.) (See instructions.) (IQFons.) (A) Beginning of Year (B6925) (B925) (B926) (B926) (B926) (B927)	PA)			
Pa b c 8 a b c c	Complete this item)	ible assets? f an indeper y and condit Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.) Ident qualified public accountant (IQFons.) SF and must instead use Form 55((a) Beginning of Year 186925 (a) Amount 7743 44675 0 18151	PA)			
Pa b c 8 a b c c	complete this item)	ible assets? f an indeper y and condit Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(See instructions.) (See instructions.) (dent qualified public accountant (IQF ons.) (a) Beginning of Year 186925 (a) Amount 7743 44675 0 18151	PA)			
Pa 7 a b c c d	complete this item)	### ### ##############################	(See instructions.) Ident qualified public accountant (IQFons.) SF and must instead use Form 55((a) Beginning of Year 186925 (a) Amount 7743 44675 0 18151	PA)			
Pa 7 a b c c d	Complete this item)	ible assets? f an indeper y and condit Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8d 8e	(See instructions.) (See instructions.) (dent qualified public accountant (IQF ons.) (a) Beginning of Year 186925 (a) Amount 7743 44675 0 18151	PA)			
Pa b c 8 a b c f	Complete this item)	ible assets? f an indeper y and condit Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(See instructions.) (See instructions.) (dent qualified public accountant (IQF ons.) (a) Beginning of Year 186925 (a) Amount 7743 44675 0 18151	PA)	X Yes		
Pa b c b c d e f g	Complete this item)	ible assets? f an indeper y and condit Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(See instructions.) (See instructions.) (dent qualified public accountant (IQF ons.) (a) Beginning of Year 186925 (a) Amount 7743 44675 0 18151	PA)			

Page 2- 1				_
Page Z=II	D	2	4	
	rade.	Z -	l i	

	Form 5500-SF 2010 Page 2-						
Par	t IV Plan Characteristics					···	
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	stic Co	des in	the instruc	ions:	
b	2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Cod	des in t	he instruct	ons:	
Parl	V Compliance Questions				 ;		
10	During the plan year:		Yes	No		Amount	
	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		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х			
С	Was the plan covered by a fidelity bond?	10c	Х				18700
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		Х			
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.)	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	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х			
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		Х			
art	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con	nplete	Sched	luie SE	(Form	∏ Ye	s X No
12	ls this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					☐ Ye	_=
12	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	= UI 56	SCHOIT (302 01	ENISA!	□ .•	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	ctions	, and e	enter th Day	ie date of tl	ne letter i Year	ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		_		1		
b	Enter the minimum required contribution for this plan year		ļ	12b			
	Enter the amount contributed by the employer to the plan for this plan year		-	12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		· ·	12d			<u> </u>
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
2ar	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		r		Τ	∐ Ye	s X No
	If "Yes," 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 of the PBGC?		•••••	•••••		Ye	s X No
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	ine pia					
	13c(1) Name of plan(s):	+	13	c(2) E	N(s)	13c	(3) PN(s)
		<u> </u>			·		
	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal						
SB	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this returr ∍f, it is true, correct, and complete.	turn/re 1/repoi	port, in t, and	ncludin to the	g, if applica best of my	able, a So knowledo	chedule ge and
	Martin ROD	RIGUI	=Z				

SIGN HERE Enter name of individual signing as plan administrator Signature of plan administrator Date SIGN HERE Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor