### 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

	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 01/01/20	10	and ending	12/31/	2010			
<b>A</b> 1	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan			
<b>B</b> 1	This return/report is for: first return/report	final retur	inal return/report					
	an amended return/report	short plan	year return/report (less than 12 mg	onths)				
C	Check box if filing under:	automatic	extension		DFVC program			
	special extension (enter descripti	on)						
Pa	Int II Basic Plan Information—enter all requested inform							
	Name of plan	idion		1b	Three-digit			
	NUSON GROUP 401 (K) PLAN				plan number			
				4-	(PN) ▶			
				10	Effective date of plan 01/01/1997			
2a	Plan sponsor's name and address (employer, if for single-employe	r plan)		2b	Employer Identification Number			
H. F.	MAGNUSON & COMPANY	• ,			(EIN) 82-0207499			
PO I	BOX 469			2c	Plan sponsor's telephone number 208-752-1131			
	LACE, ID 83873			2d	Business code (see instructions)			
					721110			
	Plan administrator's name and address (if same as Plan sponsor, MAGNUSON & COMPANY P.O. BOX 4		2")	3b	Administrator's EIN 82-0207499			
	WALLACE,	ID 83873		30	Administrator's telephone number			
				00	208-752-1131			
	the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN			
r	name, EIN, and the plan number from the last return/report. Spons	or's name		4c	PN			
5a	Total number of participants at the beginning of the plan year			<u> </u>	31			
	Total number of participants at the end of the plan year			5b	_			
	Total number of participants with account balances as of the end of			0.0				
	complete this item)		•	5c	6			
	Were all of the plan's assets during the plan year invested in eligi		'		Yes   No			
b	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		•					
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(-) D!! ( ) (					
а	Total plan assets		(a) Beginning of Year		(b) End of Year			
L-	. e.a. p.a. acces	7a	(a) Beginning of Year 46030	8	(b) End of Year 555633			
D	Total plan liabilities		46030		555633			
	•	7b			` '			
	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year	7b	46030		555633			
	Total plan liabilities	7b	46030		555633 555633			
	Total plan liabilities	7b 7c 8a(1)	46030	8	555633 555633			
	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:  (1) Employers  (2) Participants	7b 7c 8a(1) 8a(2)	46030 46030 (a) Amount	8	555633 555633			
8 a	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3)	46030 46030 (a) Amount	8	555633 555633			
e c 8 a b	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3)	46030 46030 (a) Amount	8	555633 555633			
e c 8 a b	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers	7b 7c 8a(1) 8a(2) 8a(3) 8b	46030 46030 (a) Amount	6 2	555633 555633 (b) Total			
8 a b c	Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	46030 46030 (a) Amount	6 2	555633 555633 (b) Total			
c 8 a b c d	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	46030 46030 (a) Amount	6 2	555633 555633 (b) Total			
c 8 a b c d	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8d	46030 46030 (a) Amount	6 2 9	555633 555633 (b) Total			
b c d e f g	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8d 8e	46030 46030 (a) Amount	6 2	555633 (b) Total			
b c d e f g	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8d 8e 8f 8g	46030 46030 (a) Amount	6 2 9	555633 (b) Total 115598			
b c d e f g	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8d 8e 8f 8g 8h	46030 46030 (a) Amount	6 2 9	555633 (b) Total			

Form 5500-SF 2010	Page <b>2-</b>

		<b>~</b> :	
Part IV	Plan	(`harac	teristics
ιαιτιν	ı ıaıı	Ullarat	, (6) 13(163

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

If the plan provides welfare benefits, enter the applicable welfare, feature codes from the List of Plan Characteristic Codes in the instructions:

	II UIC	e plan provides wellare benefits, enter the applicable wellare realtire codes from the cist of Flan Ghara	icicns		203 111	uic iiisuu	Clions.		
art	٧	Compliance Questions							
0	Dur	ring the plan year:		Yes	No		Amo	unt	
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 line 10a.)	10b		X				
С	Wa	as the plan covered by a fidelity bond?	10c	X					50000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	insu	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.)							
f	Has	s 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		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	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		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))					. [	Yes	X No
2	ls t	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	802 of	ERISA?.		Yes	X No
	,	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	grar	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver							
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Т	401	1			
b	Ente	er the minimum required contribution for this plan year			12b				
		er the amount contributed by the employer to the plan for this plan year			12c				
d		stract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				Yes	X No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?			ntrol 			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to					
13c(1) Name of plan(s):						N(s)	1	13c(3)	PN(s)
Cauti	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ıse is	establ	ished.			
Jnde SB o	r per Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ needule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.	urn/re <sub>l</sub>	oort, in	cludin	g, if appli			

SIGN	Filed with authorized/valid electronic signature.	09/01/2011	KATHLEEN J. MAGNUSON SHEPPARD				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	09/01/2011	KATHLEEN J. MAGNUSON SHEPPARD				
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).

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

P	art I Annual Report Identification Information						
For	the calendar plan year 2010 or fiscal plan year beginning	01/0	L/2010	and ending	12/	/31/2010	
Α	This return/report is for: x single-employer plan	multiple-ei	mployer plan (no	ot multiemployer)		one-participan	nt plan
		final return	/report		-		
_				ort (less than 12 mont)	ne)		
_				ore (1000 triair 12 month	13 <i>)</i>	DFVC prograr	<b>~</b>
C		automatic	extension			Drvc program	11
_	special extension (enter description)						
P	art II Basic Plan Information enter all requested inform	mation.					
1a	Name of plan					hree-digit	
	MAGNUSON GROUP 401 (K) PLAN					lan number PN) ▶	001
					<del>- '</del>	ffective date of	plan
	the state of the s				0	1/01/1997	
2a		an)					ication Number
	H. F. MAGNUSON & COMPANY					EIN) 82-020	
	P.O. BOX 469					208) 752-1	elephone number 131
							see instructions)
US	1979-001-00-00-00-00-00-00-00-00-00-00-00-00				7	21110	
3a	Plan administrator's name and address (If same as plan employer, en Same	ter "Same'	")		3D A	dministrator's E	IN
					3c ∧	dministrator's to	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the last		ort filed for this	plan, enter the	4b ∈	IN	
	name, EIN and the plan number from the last return/report. Sponsor's	Name			4c F	 PN	
52	Total number of participants at the beginning of the plan year				5a	1	31
b	Total number of participants at the beginning of the plan year				5b		21
c	Total number of participants with account balances as of the end of the				- 0.0		
	complete this item)			<del></del>	5c		6
6a	Were all of the plan's assets during the plan year invested in eligible a						X Yes No
b	Are you claiming a waiver of the annual examination and report of an i under 29 CFR 2520.104-46? (See instructions on waiver eligibility and						X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Form				• • •		X Yes No
P	art III Financial Information						
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End	of Year
a	Total plan assets	7a	(1,00	460,308		(a) Liid	555,633
b	Total plan liabilities	7b		400,308			555,655
		7c		460,308			555,633
<u></u>	Net plan assets (subtract line 7b from line 7a)	76	· .		-		
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	Depth 300	(6	a) Amount	A 25 - 2	(b) T	otal
а	(1) Employers	8a(1)					
	(2) Participants	8a(2)		53,956			
	(3) Others (including rollovers)	8a(3)					
b		8b		61,642			
С	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	2 3 10 1				115 500
d	Benefits paid (including direct rollovers and insurance premiums	30		Service Control of the Control of th	139382) <sub>1</sub>		115,598
	to provide benefits)	8d		20,269			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g		4			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	157				20,273
i	Net income (loss) (subject line 8h from line 8c)	8i			10		95,325
i	Transfers to (from) the plan (see instructions)	8j					30,323
	The first of the piece (each mondonomy).	٠,			9323	LABORE DE SE	

		Form 5500-SF 2010	Р	age <b>2-</b>		_			
Pa	rt IV	Plan Characteristics							
9a	If the	plan provides pension benefits, enter the applicable pension feating 2E 2G 2J 3H 2K plan provides welfare benefits, enter the applicable welfare feature.							
Pa	rt V	Compliance Questions							
10		ring the plan year:				Yes	No	Ar	mount
a b	29	as there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar are there any nonexempt transactions with any party-in-interest? (I	y Correction Program	)	. 10a		х		
	on	line 10a.)			. 10b		x		
c		as the plan covered by a fidelity bond?			. 10c	Х			50,000
C		If the plan have a loss, whether or not reimbursed by the plan's fide dishonesty?			· 10d		х		
E	ins	ere any fees or commisions paid to any brokers, agents, or other purance services or other organization that provides some or all of tructions.)	the benefits under the	e plan? (See	10e	loui-	х		
f		s the plan failed to provide any benefit when due under the plan?			- 1		х		
ç		the plan have any participant loans? (If "Yes," enter amount as o					х		
	ı Ift	his is an individual account plan, was there a blackout period? (Se 20.101-3.)	e instructions and 29	CFR			х		
_ i 		Oh was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.101-3			. 10i				
_		Pension Funding Compliance							
11		this a defined benefit plan subject to minimum funding requiremen			nplete So				Yes X No
12	ls t	this a defined contribution plan subject to the minimum funding rec "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	quirements of section						Yes X No
	gra	a waiver of the minimum funding standard for a prior year is being anting the waiver							
ŀ		ter the minimum required contribution for this plan year				. [	12b		
		ter the amount contributed by the employer to the plan for this pla					12c		
Ċ	<b>S</b> u	btract the amount in line 12c from the amount in line 12b. Enter th	e result (enter a minu				12d		
	<b>W</b> i	Il the minimum funding amount reported on line 12d be met by the	funding deadline?	<u></u>		<u> </u>		Yes	□No □N/A
Par	rt VII	Plan Terminations and Transfers of Assets							
13		s a resolution to terminate the plan been adopted during the plan					<i>.</i>		Yes X No
<del>-</del> -		Yes," enter the amount of any plan assets that reverted to the em					13a		
k		ere all the plan assets distributed to participants or beneficiaries, tr		plan, or brought		e con	trol		Yes X No
_	lf c	luring this plan year, any assets or liabilities were transferred from ich assets or liabilities were transferred. (See instructions.)				s) to			
	13c(	1) Name of plan(s):				1	3c(2) E	IN(s)	13c(3) PN(s)
_					-				
Cau	tion:	A penalty for the late or incomplete filing of this return/report	will be assessed unl	ess reasonable	cause	is est	ablishe	ed.	
SB	or Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as	declare that I have ex the electronic version	amined this return/re	n/report eport, ar	, inclu	ding, if he best	applicable, a of my knowle	Schedule edge and
200		true, correct, and complete.	8-31-11	W- +1 1					
SI	GN L	Signature of plan administrator		Kathleen 3				ppard	
H				Entername of	individe	al air	nine	nlan adailat	tratar
HI	GN A	Varther 1st . Dheard.	93)-//	Enter name of Kathleen J				-	trator

### Form 5558 (Rev. January 2008) Department of the Treasury Internal Revenue Service

Signature ▶

## Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

Par	t I Identification						
A	Name of filer, plan administrator, or plan sponsor (see instructions)  H. F. MAGNUSON & COMPANY	B Filer's identifying number (see instruction Employer identification number (EIN).					
	Number, street, and room or suite no. (If a P.O. box, see instructions.)	82-0207  Social secur		NI)			
	P.O. BOX 469  City or town, state and ZIP code	Social secur	ty number (SS	N)			
	WALLACE ID 83873			_			
С	Plan name	Plan number		n year endi			
		Hamber	MM	DD	YYYY		
	1MAGNUSON GROUP 401 (K) PLAN	0 0 1	12	31	2010		
		1 1					
:	2						
	3	1 1					
Par	t II Extension of Time to File Form 5500 or Form 5500-EZ (s	see instructions)					
1	I request an extension of time until 10 / 17 / 2011 to file Fo	orm 5500 or Form 55	00-EZ.				
	The application <b>is automatically approved</b> to the date shown on line 1 (above normal due date of Form 5500 or 5500-EZ for which this extension is requested months after the normal due date.						
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-E.	7 filed after the due	date for the	nlane lietod	in C above		
			4410 101 1110	piano notoa	iii o above.		
Note	. A signature is not required if you are requesting an extension to file Form 5500	or Form 5500-EZ.					
Par	t III Extension of Time to File Form 5330 (see instructions)						
2	I request an extension of time until to file Form 5330, af		ate of Form 5	330.			
а	Enter the Code section(s) imposing the tax	. ▶ <u>a</u>					
b	Enter the payment amount attached		•	b			
с 3	For excise taxes under section 4980 or 4980F of the Code, enter the revision/s  State in detail why you need the extension	amendment date .	•	С			
		V.S					
				<del> </del>			
				=			
			-				
I la -l -							
author	penalties of perjury, I declare that to the best of my knowledge and belief the statements rized to prepare this application.	made on this form are	true, correct, a	nd complete, a	nd that I am		

Date ▶