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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	Complete all entri	ies in accor	dance wit	h the instructions to the Form 550	0-SF.				
	art I Annual Report Identification Inform	nation							
For	calendar plan year 2010 or fiscal plan year beginning	01/01/201	0	and ending 1	2/31/2	2010			
Α -	This return/report is for: Single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan			
	This return/report is for:	<u> </u>	final retur	n/report					
	an amended return/re	eport	short plar	year return/report (less than 12 mo	nths)				
C	Check box if filing under:	·	automatic	extension	,	DFVC program			
	special extension (en	L ter description	ı						
De		•	,						
	Irt II Basic Plan Information—enter all requ	ested inform	ation		1h	Three-digit			
	Name of plan D.C. WILLI, INC. 401(K) PLAN				10	plan number			
D/(VI	5 6. WILLI, 1146. 461(14) 1 1514					(PN) • 001			
					1c	Effective date of plan			
						01/01/2005			
	Plan sponsor's name and address (employer, if for sing	gle-employer	plan)		2b	Employer Identification Number 68-0503417			
DAVI	D C. WILLI, INC.				20	(LIIV)			
	3 INGRAHAM ROAD				20	Plan sponsor's telephone number 360-794-6873			
SNO	HOMISH, WA 98290-3622				2d	Business code (see instructions)			
						238100			
3a	Plan administrator's name and address (if same as Pla D C. WILLI, INC.	n sponsor, e	enter "Same	e") AD	3b	Administrator's EIN 68-0503417			
		SNOHOMIS			30	Administrator's telephone number			
						360-794-6873			
	f the name and/or EIN of the plan sponsor has changed			port filed for this plan, enter the	4b EIN				
ı	name, EIN, and the plan number from the last return/rep	oort. Sponso	or's name		4c PN				
52	Total number of participants at the beginning of the pla	n voor							
					5a	21			
b	Total number of participants at the end of the plan year				5b	21			
С	Total number of participants with account balances as complete this item)			` .	5c	21			
6a	Were all of the plan's assets during the plan year inve					X Yes □ No			
	Are you claiming a waiver of the annual examination a	Ū		'					
	under 29 CFR 2520.104-46? (See instructions on waiv	ver eligibility	and condit	ions.)	<u>′</u>	Yes No			
	If you answered "No" to either 6a or 6b, the plan ca	annot use F	orm 5500-	SF and must instead use Form 55	00.				
Pa	rt III Financial Information			I	-				
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End of Year			
а	Total plan assets		. 7a	311367		261748			
b	Total plan liabilities			2657	_	0			
C	Net plan assets (subtract line 7b from line 7a)		. 7с	308710	J	261748			
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) Total			
а	Contributions received or receivable from:		. 8a(1)	-1963	3				
	(1) Employers		1	19104	4				
			` '		5				
h	(3) Others (including rollovers)		` '	2256	5				
b	Other income (loss)					39706			
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance		8c			33.33			
u	to provide benefits)		. 8d	86668	3				
е	Certain deemed and/or corrective distributions (see ins)				
f	Administrative service providers (salaries, fees, commi			()				
g	Other expenses	•		()				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					86668			
i	Net income (loss) (subtract line 8h from line 8c)					-46962			
i	Transfers to (from) the plan (see instructions))				

	Form 5500-SF 2010 Page 2-							
ar	t IV Plan Characteristics							
a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 2F 2G 2J 2K 3D	acteris	tic Co	des in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	cterist	ic Cod	les in t	the instructions:			
art	V Compliance Questions							
)	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		X				
С	Was the plan covered by a fidelity bond?	10c	X		50000			
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	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		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X		12999			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))							
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or sec	ction 3	02 of I	ERISA? Yes 🖺 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 instruction granting the waiver							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
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				

Part VII | Plan Terminations and Transfers of Assets

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.)

d 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)

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

12d

Yes

N/A

No

No

Yes

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.	09/14/2011	DAVID C WILLI
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/14/2011	DAVID C WILLI
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

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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

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<u> </u>	art I Annual Report Identification Informa	ition							
For	the calendar plan year 2010 or fiscal plan year beginning		01/01	L/2010 and ending	12	/31/2010			
Α	This return/report is for: x single-employer plan	י 🗍	multiple-er	mployer plan (not multiemployer)	one-participant plan				
В	This return/report is for:	\Box	final return	ı/report	El ana banaban ban				
	an amended return/report	Ħ,	short plan	year return/report (less than 12 mont)	ns)				
C	Check box if filing under: $\overline{\mathbf{x}}$ Form 5558	片	automatic	• • •	, 	DFVC program			
•	special extension (enter de	CACHOON	L	Drvc program					
_									
	art II Basic Plan Information enter all reque Name of plan	sted inform	nation.		41				
ıa	Name of plan					hree-digit Ilan number			
	David C. Willi, Inc. 401(k) Plan					PN) ▶ 001			
						Effective date of plan			
	Plan sponsor's name and address (employer, if for single-en	nnlover nla	n)			1/01/2005 Employer Identification Number			
	David C. Willi, Inc.	iipioyei pia	'''			EIN) 68-0503417			
	10510 -				2c Plan sponsor's telephone number (360) 794-6873				
	12613 Ingraham Road								
us	Snohomish WA 98290-3622				20 E	Business code (see instructions)			
3a	Plan administrator's name and address (If same as plan em	ployer, ent	er "Same")		administrator's EIN			
	Same								
					3c Administrator's telephone number				
4	If the name and/or EIN of the plan sponsor has changed sin-	ce the last	return/rep	ort filed for this plan, enter the	4b EIN				
	name, EIN and the plan number from the last return/report.	Sponsor's I	Name	, ,	4c PN				
5a	Total number of participants at the beginning of the plan year	ır			5a	32			
b	Total number of participants at the end of the plan year				5b	21			
С	Total number of participants with account balances as of the	end of the	plan year	defined benefit plans do not					
<u> </u>	complete this item)				5c	21			
оа b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
IJ	under 29 CFR 2520.104-46? (See instructions on waiver elig	gibility and	conditions	it qualified public accountant (IQPA)		X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot	use Form	5500-SF a						
Pε	art III Financial Information								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		7a	311,367		261,748			
b	Total plan liabilities	[7b	2,657		0			
С	Net plan assets (subtract line 7b from line 7a)		7c	308,710		261,748			
8	Income, Expenses, and Transfers for this Plan Year		MAN N	(a) Amount	(b) Total				
а	Contributions received or receivable from:								
	(1) Employers		8a(1)	(1,963)	_				
	(2) Participants	ì	8a(2)	19,104	- 1				
1_	(3) Others (including rollovers)		8a(3)	0	-				
b	Other income (loss)	• • • •	8b	22,565	-				
c d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiu	ıms	8c	Bowers de Brown de Bernelle de la		39,706			
•	to provide benefits)	1	8d	86,668					
е	Certain deemed and/or corrective distributions (see instructions)	ŀ	8e	0					
f	Administrative service providers (salaries, fees, commissions	· · ·	8f	0	1				
g	Other expenses		8g	0	1	다. 그림, 일 마시 등에 내려가 있는 것이 되었다. 그 아니라 전 일반 상대통령 기가 전 기가 있는 것이 되었다.			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	1	8h			86,668			
i	Net income (loss) (subtract line 8h from line 8c)	I	8i			(46,962)			
i	Transfers to (from) the plan (see instructions)	ľ	8j	O					
•	The state of the s	- • • • • • • • • • • • • • • • • • • •	ا ر~	1	1				

Form	5500-SF	2010
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Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension feati	ure codes from the List of Plan Characte	ristic (Codes	in the	instructions			
	2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature.								
Pai	t V Compliance Questions								
10	During the plan year:			Yes	No	Δ	mount		
а	Was there a failure to transmit to the plan any participant contribution	within the time period described in			х				
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)	Do not include transactions reported	10a		x				
_			10b					FO 00	
c d	Was the plan covered by a fidelity bond?	elity bond, that was caused by fraud	10c	Х	х			50,000	
е	Were any fees or commissions paid to any brokers, agents, or other p insurance services or other organization that provides some or all of instructions.)	the benefits under the plan? (See	10e		x				
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 o			х				12,999	
h		e instructions and 29 CFR	10g		х				
i	If 10h was answered "Yes," check the box if you either provided the rexceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or one of the	10i						
	t VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))	ts? (If "Yes," see instructions and compl	ete Sc	hedul	e SB (F	orm =	□Yes	X No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
a If	granting the waiver		ith		Day	date of the le			
b	Enter the minimum required contribution for this plan year			-	12b				
c d	Enter the amount contributed by the employer to the plan for this plar Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	_			12c 12d				
е	Will the minimum funding amount reported on line 12d be met by the	funding deadline?				Yes	□No	N/A	
Par	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan y	/ear or any prior year?		•	• •		Yes	x No	
	If "Yes," enter the amount of any plan assets that reverted to the emp				13a				
c	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?				rol • •		Yes	ХNо	
	13c(1) Name of plan(s):			12	a/2\ EI	N/a)	42-/2)	DNI/a)	
	red (1) Name of plantoj.			13	c(2) El	14(5)	13c(3)	PN(S)	
Caut	ion: A penalty for the late or incomplete filing of this return/report v	vill be assessed unless reasonable ca	use is	s esta	blishe	d.			
SB o	r penalties of perjury and other penalties set forth in the instructions, I d Schedule MB completed and signed by an enrolled actuary, as well as , it is true, correct and complete.	eclare that I have examined this return/r the electronic version of this return/repo	eport, ort, and	includ d to th	ling, if a	applicable, a of my knowl	Schedule edge and		
SIÇ		David C. Wil	li						
	RE Signature of plan administrator	Date 31 11 Enter name of ind	lividua	l signi	ng as į	olan adminis	trator		
SIC		Doto Fatarana (C.)	11.1	1 -: '			-1		
	Signature of employer/plan sponsor	Date Enter name of ind	ividua	i signi	ng as e	employer or	pian spons	or	