Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	rdance wit	h the instructions to the Form 550	0-SF.	•				
		entification Information								
For	calendar plan year 2010 or fiscal	plan year beginning 01/01/201	10	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				
В	This return/report is for:	first return/report	final retur	n/report						
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)					
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program				
		special extension (enter descripti	on)			_				
Pa	rt II Basic Plan Inform	nation—enter all requested inform	nation							
	Name of plan	cities an requested intern	idiloii		1b	Three-digit				
	DER - FAB, INC. 401(K) PLAN					plan number 001				
						(PN) •				
					1c	Effective date of plan				
	Di l l l				26	01/01/2009				
	Pian sponsor's name and addres	ss (employer, if for single-employe	r pian)		20	Employer Identification Number (EIN) 91-1611297				
	,				2c	Plan sponsor's telephone number				
	4 62ND AVENUE NE NGTON, WA 98223					360-435-0793				
7 (1 (12)	101011, 177100220				2d	Business code (see instructions) 325500				
3a	Plan administrator's name and a	address (if same as Plan sponsor, e	enter "Same		3b	Administrator's EIN				
POW	DER - FAB, INC.	19224 62ND	AVENUE	NE	0.0	91-1611297				
		ARLINGTO	N, WA 9622	23	3с	Administrator's telephone number				
1 1	the name and/or FINI of the plan	a anangar has shangad since the Is		nort filed for this plan anter the	415	360-435-0793				
		n sponsor has changed since the la from the last return/report. Sponso		port filed for this plan, enter the	40	EIN				
					4c PN					
5a	Total number of participants at t	the beginning of the plan year			5a	27				
b	Total number of participants at t	the end of the plan year			5b	1				
С	Total number of participants with	h account balances as of the end o	of the plan y	ear (defined benefit plans do not		1				
	•				5c	Д □				
	•	0 , ,		(See instructions.)		Yes No				
D	Are you claiming a waiver of the under 29 CFR 2520 104-462 (S	e annual examination and report of See instructions on waiver eligibility	an indeper	ndent qualified public accountant (IQ ions)	PA)	X Yes ☐ No				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
Pa	Part III Financial Information									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a	18192	2	941				
b	Total plan liabilities		7b							
С	Net plan assets (subtract line 7b	o from line 7a)	7с	18192	192					
8	Income, Expenses, and Transfe	ers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receiv									
	• • • •			168	_					
	.,		` '	100	-					
	, , , , , , , , , , , , , , , , , , , ,			420	_					
b	` ,			-42	1	-253				
C	, , , ,	8a(2), 8a(3), and 8b)	8c			-233				
d		ollovers and insurance premiums	8d	16998	3					
е		ve distributions (see instructions)								
f	Administrative service providers	s (salaries, fees, commissions)	8f							
g	Other expenses	· · · · · · · · · · · · · · · · · · ·	8g							
h	Total expenses (add lines 8d, 8e	e, 8f, and 8g)				16998				
i		8h from line 8c)				-17251				
i		e instructions)								

	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 Chara	acteris	tic Co	des in	the instructions:
	2E 2F 2G 2J 2K 3D				
D	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Coc	ies in t	ne 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		2000
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		Χ	
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 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 com 5500))				
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	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 :	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	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of possible amount)	of a		12d	

Part VII Plan Terminations and Transfers of Assets

N/A

No

Yes X No

Yes

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

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

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)

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.	10/06/2011	DIANNA BOURSAW
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 (2010) v.092308.1

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	Form 5500-SF	Short Form Annual	Return/ Benefi	Report of Small Emplo	yee	OMB Nos. 1216				
	Department of the Treesury Internat Ravanue Sérvice	This form is required to be fi		น ศาสม ections 104 and 4065 of the Employ	ee					
E	Department of Labor mplayee Benefits Security Administration	e	This Form is Open to Pu							
F	Pension Benefit Guaranty Corporation	00-SF.	ins	ресноп						
		lentification information								
For	calendar plan year 2010 or fisca		01/01/2	2010 and ending		12/31/201	.0			
A	This return/report is for:	x single-employer plan	multiple-	employer plan (not multiemployer)		one-participa	int plan			
В	This return/report is for:	first return/report	final retu	rn/report						
		an amended return/report	short pla	ın year return/report (less than 12 mi	onths)					
C	Check box if filing under:	X Form 5558	automati	ic extension		☐ DFVC progra	ım			
		special extension (enter descrip	— tion)			_				
P	rt II Basic Plan Inform	nation—enter all requested infor	mation							
1a	Name of plan			1011	1b	Three-digit				
	POWDER - FAB, INC.	401(K) PLAN				plan number				
					1	(PN) •	001			
					16	Effective date of 01/01/2009				
2a	Plan sponsor's name and address POWDER - FAB, INC.	ess (employer, if for single-employ	er plan)		2b	Employer Identification (EIN) 91-161				
		_			2c	<u>, —, </u>	elephone number			
	19224 62ND AVENUE N	VE			2d	Business code (
3-	ARLINGTON Plan administrator's name and	address (if same as Plan sponsor,	ootor "Com	WA 98223	26	325500	7141			
Ja	SAME	address (ii same as Fian Sponsor,	enter San	ie)		b Administrator's EIN				
					3c	C Administrator's telephone number				
		in sponsor has changed since the r from the last return/report. Spons		eport filed for this plan, enter the	4b	EIN				
		Tront the last tetam propert. Open	301 8 HBING		4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a		2			
b	Total number of participants at	umber of participants at the end of the plan year				· · · · · · · · · · · · · · · · · · ·				
C	Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)									
6a	Were all of the plan's assets d	uring the plan year invested in elig	lble assets?	? (See instructions.)	5c		X Yes No			
b	Are you claiming a walver of the	ne annual examination and report of	of an indepe	W tretruccos sildur bélifeur trebre	(IOPA)					
	under 29 CFR 2520.104-46? (See Instructions on waiver eligibility	and condi	tions.)			X Yes No			
- p	rt III Financial Informa	er sa or sp, the plan cannot use	Form 5500	-SF and must instead use Form 5	5 0 Q,		···			
7	Plan Assets and Liabilities	ALIOII	T	4-1 Dto-year - FM	_					
a			7a	(a) Beginning of Year	2.2	(b) End				
				10,1	74		941			
		b from line 7a)		18,1	3.2		0.45			
8	Income, Expenses, and Trensf			(a) Amount	<u> </u>	75.1	941			
a	Contributions received or received			(a) Amount	+	(b) T	otai			
		······································								
				19	S8]					
]		• •			
þ				(42:	L)		gregory and the			
C		Ba(2), 8a(3), and 8b)	8c				(253)			
ď	Benefits paid (Including direct rate provide benefits)	ollovers and insurance premiums	8d	16,99	98					
e	Certain deemed and/or correcti	ve distributions (see instructions)	8e							
		s (salaries, fees, commissions)			-					
g					1		San Carlotte			
		e, 8f, and 8g)	- Bh		1-		16,998			
į	Net Income (loss) (subtract line	8h from line 8c)	. 81		_		(17,251)			
<u>_i</u>	Transfers to (from) the plan (se	e instructions)					<u>(= 1 / 2 - 4 / 1</u>			
For P	aperwork Reduction Act Notice and	OMB Control Numbers, see the Instruct	ons for Form	5500-SF.		the state of the s	Form 5500-SF (2010)			

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	Form 5500-SF 2010	F	age 2-		_						
Part IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension feat	ure codes from the	e List of Plan Chara	cteris	tic Co	des In	the instru	etions	3:		
þ	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:										
Par	V Compliance Questions										
10	During the plan year:		_		Yes	No		Am	ount		
а	a Was there a failure to transmit to the plan any participant contributions within the time period described in										
b	29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciar Were there any nonexempt transactions with any party-in-interest? (D	-		10a		Х					
_	on line 10a.)			10b		Х					
С	Was the plan covered by a fidelity bond?			10c	х				2	2,000	
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?									
0	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 the plan falled to provide any benefit when due under the plan?			10e 10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of		F	111	_						
h	If this is an individual account plan, was there a blackout period? (See	•		10g		Х					
	2520.101-3.)			10h		<u> </u>					
i	If 10h was answered "Yes," check the box if you either provided the re- exceptions to providing the notice applied under 29 CFR 2520 101-3			101							
Part											
11	la this a defined benefit plan subject to minimum funding requirements 5500))	3? (If "Yes," see Ins	structions and comp	olete S	Sched	ule SE	(Form	Γ	Yes [ΠNο	
12	Is this a defined contribution plan subject to the minimum funding requ									X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year										
	you completed line 12a, complete lines 3, 9, and 10 of Schedule ME		•		_	4.85					
	Enter the minimum required contribution for this plan year					12b					
d	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the	year			·· -	12c					
_	negative amount)	resont fenter a trui	ins aidu to tus lett o	ગઢા 	,	12d					
	Will the minimum funding amount reported on line 12d be met by the fi	unding deadline?					Yes		40	N/A	
Part	VII Plan Terminations and Transfers of Assets										
13a	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior yes	ar?	,.,,				X	Yes	No	
	If "Yes," enter the amount of any plan assets that reverted to the emplo	oyer this year	<u> </u>			13a				0	
b	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?					ntrol			Yes	No.	
	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See Instructions.)	his plan to another	plan(s), identify the	e plan	(s) to						
13c(1) Name of plan(s):					13c(2) EIN(\$) 13c(3) PN(N(s)	
								+			
Caut	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											
SIGI	Duna of Boursey 10-4-11 Dianna					a L Boursaw					
	(FRE)				Individual signing as plan administrator						
SIGN	. 9	r smW	Euror Haute of IVO	เลเดติ	រា នាច្នេក	ırıy aş	pian adn	inistra	etor	 -	
HER	Circumture of any district	Date -	Enter name of ind	ividus		ina ee	employe	or ele		-	
				- www	ergrii	9 90	omploye	P16	an apon	- UI	