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	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	1		
		lentification Information						
For	calendar plan year 2010 or fisca	al 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		
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 mor	nths)			
С	Check box if filing under:	extension		DFVC program				
		special extension (enter description	on)					
Pa	art II Basic Plan Inform	nation—enter all requested inform	ation					
	Name of plan	enter an requested milori	ation		1b	Three-digit		
		F SEATTLE, INC. 401(K) PROFIT S	SHARING F	PLAN		plan number 001		
					_	(PN) ▶		
					1c	Effective date of plan 07/01/1976		
2a	Plan sponsor's name and addre		2h	Employer Identification Number				
	DE CAMERON & COMPANY O		piaii)		20	(EIN) 91-0774544		
					2c	Plan sponsor's telephone number		
	NESTLAKE AVENUE N. FTLE, WA 98109-5219				0.1	206-624-6263		
					2a	Business code (see instructions) 442210		
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN		
PANI	DE CAMERON & COMPANY O	F SEATTLE, INC. 333 WESTL SEATTLE, V	AKE AVEN	UE N.		91-0774544		
					3c	Administrator's telephone number 206-624-6263		
4	f the name and/or EIN of the pla	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b EIN			
-	name, EIN, and the plan numbe	r from the last return/report. Sponso	or's name		4			
-	Total accept on of monticin outs of	the beginning of the planting			4c			
		the beginning of the plan year			5a	16		
b		the end of the plan year			5b	2		
С		ith account balances as of the end o		•	5c	2		
6a	Were all of the plan's assets d	luring the plan year invested in eligib	ole assets?	(See instructions.)		Yes No		
b				ndent qualified public accountant (IQI				
	,			ions.)		Yes No		
Da	rt III Financial Informa		orm 5500-	SF and must instead use Form 55	00.			
		ation				4.5		
7	Plan Assets and Liabilities		_	(a) Beginning of Year		(b) End of Year 399500		
	Total plan assets		. 7a	2004420		0		
b		75		2954426		399500		
<u>C</u>		7b from line 7a)	. 7с					
8	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total		
а			. 8a(1)	19157	7			
	(2) Participants		. 8a(2)	17081				
)		C)			
b	, , , , ,	· · · · · · · · · · · · · · · · · · ·	` '	375439)			
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			411677		
d	Benefits paid (including direct i	rollovers and insurance premiums		2966603	,			
			. 8d		_{			
e		tive distributions (see instructions)		C	_			
f		rs (salaries, fees, commissions)			_{			
g	•			C	'	2966603		
h		8e, 8f, and 8g)				-2554926		
! :		e 8h from line 8c)				-2004920		
J	ransfers to (from) the plan (se	ee instructions)	. 8i	C)			

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		•	
Part IV	Dian	('hara	cteristics
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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

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

art	٧	Compliance Questions							
0	Dur	ing 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 ine 10a.)	10b		X				
С	Wa	s the plan covered by a fidelity bond?	10c	X				500	000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	X				1	705
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					0
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	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							
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com							No
2	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	📗	Yes X	No
	•	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th						_
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Γ	12b	1			
		er the minimum required contribution for this plan year		1	12c				
		er the amount contributed by the employer to the plan for this plan yearthe included by the employer to the plan for this plan yearthe included by the employer to the left tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left			120				
u		tract 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	o	I/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?		<u>.</u>			X	Yes	No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?	under	the co				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.)	he pla	n(s) to)		<u>-</u>		
1	13c(1) Name of plan(s):			13	c(2) E	IN(s)	1	3c(3) PN	(s)
auti	on:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.			
Inde B or	r pen	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retuended the MB completed and signed by an enrolled actuary, as well as the electronic version of this return/true, correct, and complete.	urn/re	port, ir	ncludin	g, if appl			

SIGN	Filed with authorized/valid electronic signature.	10/07/2011	BRADLEY ANDONIAN				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	10/07/2011	BRADLEY ANDONIAN				
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.

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2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art Annual Report Identification Information				
For	the calendar plan year 2010 or fiscal plan year beginning	01/0	1/2010 and ending	12	/31/2010
Α	This return/report is for: x single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final return	n/report	<u> </u>	
	an amended return/report		year return/report (less than 12 mont)	181	
C	Check box if filing under: x Form 5558		extension	.о, Г	DFVC program
_	special extension (enter description		CALCITATION	L	Drve program
	art II Basic Plan Information enter all requested infor Name of plan	mation.		41	
ıa	·				Three-digit plan number
	Pande Cameron & Company of Seattle, Inc. 401(k) Profi	t Sharing Plan	((PN) ▶ 001
					Effective date of plan
$\frac{1}{2a}$	Plan sponsor's name and address (employer, if for single-employer pl	an)			07/01/1976
	Pande Cameron & Company of Seattle, Inc.	ari)			Employer Identification Number (EIN) 91-0774544
					Plan sponsor's telephone number
	333 Westlake Avenue N.		·		(206) 624-6263
US	Seattle WA 98109-5219				Business code (see instructions)
3a	Plan administrator's name and address (If same as plan employer, en	ter "Same"	')		Administrator's EIN
	Same				
				3c /	Administrator's telephone number
					·
4	If the name and/or EIN of the plan sponsor has changed since the las	t return/rep	ort filed for this plan, enter the	4b [=IN
	name, EIN and the plan number from the last return/report. Sponsor's	Name	and plant, ditter and	4c	
5a	Total number of participants at the beginning of the plan year			5a	
b	Total number of participants at the beginning of the plan year			5b	16
C	Total number of participants with account balances as of the end of the	e plan yea	r (defined benefit plans do not	30	
	complete this item)			5c	2
	Were all of the plan's assets during the plan year invested in eligible a				· · · · XYes No
b	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	independe: Leonditions	nt qualified public accountant (IQPA) s.)		X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Form			• •	· · · · Alles Lino
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	2,954,426		399,500
b	Total plan liabilities	7b	0		0
С	Net plan assets (subtract line 7b from line 7a)	7c	2,954,426		399,500
8	Income, Expenses, and Transfers for this Plan Year	1411	(a) Amount		(b) Total
а	Contributions received or receivable from:		\-,-,	5.57	Asia Para Para Para Para Para Para Para Pa
	(1) Employers	8a(1)	19,157		
	(2) Participants	8a(2)	17,081	-	
1	(3) Others (including rollovers)	8a(3)	0	_	
b	Other income (loss)	8b	375,439	<u> </u>	
c d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			411,677
u	to provide benefits)	8d	2,966,603	TAA	
е	Certain deemed and/or corrective distributions (see instructions)	8e	2,300,003		
f	Administrative service providers (salaries, fees, commissions)	8f	0	1	
g	Other expenses	8g	0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			2,966,603
i	Net income (loss) (subtract line 8h from line 8c)	8i		v I	(2,554,926)
i	Transfers to (from) the plan (see instructions)	8j			
J		رد	ı	1 1 14	

Form	EEAA	C.E.	204	•
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Page	4-	

Pari	IV Plan Characteristics							
9a i	f the plan provides pension benefits, enter the applicable pension fea	ature codes from the L	ist of Plan Characteris	tic C	Codes	in the	instructions:	
	2E 2F 2G 2J 2K 2R 3D f the plan provides welfare benefits, enter the applicable welfare feat							
Par	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribution	on within the time perio	od described in				Amount	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not include transa	ctions reported	0a		x		
С			-	0b	v		F00	
d	Was the plan covered by a fidelity bond?	delity bond, that was c	aused by fraud	0c	X	х	500,	
е	Were any fees or commisions paid to any brokers, agents, or other insurance services or other organization that provides some or all or instructions.)	f the benefits under th	e plan? (See	0e	х		1,	705
f	Has the plan failed to provide any benefit when due under the plan?		1	Of		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)	1	0g	Х			
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)		1	0h		х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or one 3	e of the 1	0i				
	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	nts? (If "Yes," see inst	ructions and complete	Scl	hedule	e SB (F	Form Yes X	۷o
12 a	Is this a defined contribution plan subject to the minimum funding re (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applical If a waiver of the minimum funding standard for a prior year is being	equirements of section ble.)	412 of the Code or se	ectio	n 302	of ER	ISA? Yes XI	10
	granting the waiver		Month			Day	Year	_
b	Enter the minimum required contribution for this plan year					12b		
C	Enter the amount contributed by the employer to the plan for this plan					12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)					12d		
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?			•		Yes No N	Α
oart								
13a	Has a resolution to terminate the plan been adopted during the plan				· <u>-</u>	• •	X Yes	10
	If "Yes," enter the amount of any plan assets that reverted to the em			• •		13a		0
C	Were all the plan assets distributed to participants or beneficiaries, to fithe PBGC?					ol • •	· · · . Yes X	lo
	which assets or liabilities were transferred. (See instructions.)	Tana plan to another p	man(a), identity the pia	11(3)	iU			
1	3c(1) Name of plan(s):	3300			13	c(2) El	N(s) 13c(3) PN(s)	
Cautic	n: A penalty for the late or incomplete filing of this return/report	will be assessed unl	ess reasonable caus	e is	estal	blishe	ld.	
SB or	penalties of perjury and other penalties set forth in the instructions, I of Schedule MB completed and signed by an enrolled actuary, as well as t is true, confect, and complete.	declare that I have exa s the electronic versio	amined this return/report,	ort, i and	includ to the	ing, if a	applicable, a Schedule of my knowledge and	
SIGI	Smill 6/h	Sept 26 2011	Bradley Andoni	ian				
HER		Date	Enter name of individ		signiı	ng as r	olan administrator	
SIGI	1.5							
HER	5 H	Date	Enter name of individ	dual	signir	ng as e	employer or plan sponsor	
						-		