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.

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information						
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	1	and ending	06/30/	2011		
Α .	This return/report is for: Single-employer plan	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 plan	year return/report (less than 12 m	onths)			
C	Check box if filing under: Form 5558	automatic	extension		DFVC program		
	special extension (enter description	on)			_		
Pa	rt II Basic Plan Information—enter all requested inform	ation					
	Name of plan			1b	Three-digit		
NOR	THERN PAINTING, INC				plan number 001		
				10	(PN) ▶ Effective date of plan		
				'	01/01/2005		
	Plan sponsor's name and address (employer, if for single-employer	· plan)		2b	Employer Identification Number		
NOR	THERN PAINTING, INC.			20	(EIN) 91-2020214		
3106	NE 65TH ST., SUITE A			20	Plan sponsor's telephone number 360-693-6408		
VANO	COUVER, WA 98663-1584			2d	Business code (see instructions)		
	<u></u>		m.	01	238300		
	Plan administrator's name and address (if same as Plan sponsor, e THERN PAINTING, INC. 3106 NE 657			30	Administrator's EIN 91-2020214		
	VANCOUVE	R, WA 986	63-1584	3с	Administrator's telephone number		
					360-693-6408		
	the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN		
	iame, zint, and the plan number non the last return report. Spenist	or o riamo		4c	PN		
5a	Total number of participants at the beginning of the plan year			5a	2		
b	Total number of participants at the end of the plan year			5b	C		
С	Total number of participants with account balances as of the end o			_	0		
	complete this item)						
	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of		,		Yes No		
D	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	orm 5500-	SF and must instead use Form 5	500.			
Pa	rt III Financial Information		Γ				
7	Plan Assets and Liabilities		(a) Beginning of Year	4.5	(b) End of Year		
a	Total plan assets		20	45	0		
	Total plan liabilities		20	0	0		
	Net plan assets (subtract line 7b from line 7a)	. 7с		45			
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total		
а	(1) Employers	. 8a(1)					
	(2) Participants	. 8a(2)					
	(3) Others (including rollovers)	. 8a(3)					
b	Other income (loss)	. 8b		52			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8с			52		
d	Benefits paid (including direct rollovers and insurance premiums	64	20	97			
е	to provide benefits)	. 8d . 8e					
f	Administrative service providers (salaries, fees, commissions)						
g	Other expenses						
	·				2097		
h i	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			2097 -2045		
	·	. 8h . 8i					

Form 5500-SF 2010	Page 2-

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Part IV	Plan	(`hara	cteristics
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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D

b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Co	des in t	the instr	uction	s:	
art	٧	Compliance Questions							
0	Duri	ng the plan year:		Yes	No		An	nount	
а		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		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		Х				
С	Wa	s the plan covered by a fidelity bond?	10c	X					10000
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	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	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		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		th 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	۷I	Pension Funding Compliance							
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of	ERISA?		Yes	X No
а	lf a v	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver							
lf :	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		ı			
b	Ente	r the minimum required contribution for this plan year			12b				
		r the amount contributed by the employer to the plan for this plan year			12c				
d		ract 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		No	N/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 "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co	ntrol			X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	١				
1	3c(1)	Name of plan(s):		13	c(2) EI	N(s)		13c(3)	PN(s)
aut	ion: A	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.			
Во	r Śche	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.							
	Fi	led with authorized/valid electronic signature. 10/14/2011 ROBERT HAIFLE	ΞΥ						

SIGN	Filed with authorized/valid electronic signature.	10/14/2011	ROBERT HAIFLEY
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 Treesury internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee

OMB Nos. 1210-0110 1210-0089

2010

_	Department of Labor	Retirement income Security	•	This Form is Open to Public						
	Employee Banafits Security Administration	Interna	el Revenue	Code (the Code).			Inspection			
	Pension Benefit Guaranty Corporation	▶ Complete all entries in acço	rdence witi	the instructions	to the Form 550	0-8F.				
		ientification information								
Fo	<u>r çələndar plan year 2010 or fiaca</u>		01/01/2	2011	and ending		06/30/2013			
	ring rotaliste port to text.	X single-employer plan	• '	mployer plan (not	muitiemployer)		one-participa	ınt plan		
В	This return/report is for:	first return/report	=	•						
	<u> </u>	an amended return/report	•	*	t (less than 12 mo	nthe)	_			
С	Check box if filing under:	Form 5558	automatic	extension			DFVC progra	ım		
		special extension (enter descripti	on)							
P	art II Basic Plan Inform	mation—enter all requested inform	netion							
10	Name of plan	_				16	Three-digit plan number			
	Northern Painting,	Inc					(PN)	001		
						1c	Effective date o	fplan		
							01/01/200			
20	Plan sponsor's name and address Northern Painting,	ess (employer, if for single-employer	r plen)			2b	Employer identi			
	Morthern Farmerny,	1110.				2c	(EIN) 91~202	telephone number		
	3106 Ne 65th St.,	Suite A					360-693-6			
	Vancouver	WA 98663-1584				2d	Business code (238300	(see Instructions)		
3a	Plan administratore name and Northern Painting,	address (if same as Plan sponsor, e Inc.	enter "Same	רי		3b	Administrator's 91-202021			
	3106 Ne 65th St., 8 Vancouver	Suite A WA 98663-158	34			3с	Administrators 360-693-6	telephone number 408		
4		in aponsor has changed since the la		port filed for this p	lan, enter the	4b	EIN			
	name, EIN, and the plan number	r from the last return/report. Spons	or's name			4-				
	Tetal sumbor of postletants of	the beginning of the plan year				4c	PN			
						5a	+			
	• •	the end of the plan year				<u>5b</u>	+			
C		ith account balances as of the end o				5c		0		
6.		luring the plan year invested in eligit						X Yes No		
b		e annual examination and report of						X Yes No		
		See instructions on waiver eligibility or 6a or 6b, the plan cannot use F						₩ 169 U 140		
P	art III Financial Informa		VIIII OOVV-	or and must me	AND DESCRIPTION	44.				
7	Plan Assets and Liabilities			(a) Begin	ining of Year		(b) End	of Year		
			7=	(_)	204	5		0		
6	• •	.,				0		0		
c	•	rb from line 7a)			204	5		0		
8	Income, Expenses, and Transf			(a) A	mount		(b) 1	Total		
a	Contributions received or received	vable from:								
			1			⊣ ·				
	• • •					- ∙				
)				_				
b						2				
C		8e(2), 8a(3), and 8b)	. 8c					52		
d	to provide benefits)	rollovers and insurance premiums	_		209	7				
	Certain deemed and/or correct	ive distributions (see instructions)	. 8a			_				
f	Administrative service provider	s (salades, fees, commissions)	. 87							
g	•									
h	Total expenses (add lines 8d, 8	8e, 6f, and 6g)	. 8h	'	, · ·	.		2097		
- 1	· · · · · · · · · · · · · · · · · · ·	e Instructions)				.		-2045		

	Form 5500-SF 2010			Page 2-								
Pa	t IV Plan Characteristics					_	-					
	If the plan provides pension benefits	s, enter the applicable pension	feature codes from	the List of Plan Cher	acterk	stic Co	odes ir	the Instru	ctions:			
þ	2E 2G 2J 2K 3D If the plan provides welfare benefits,											
Par	V Compliance Questions	<u></u>	<u></u> -									
10	During the plan year:					Yes		1				
a	Was there a fallure to transmit to the 29 CFR 2510.3-1027 (See instruction)	tions and DOL's Voluntary Fidi	uciary Correction Pro	യമ്പ്രസ്	10a	100	Mo X		Amoun	<u> </u>		
b	Were there any nonexempt transac on line 10a.)	tions with any party-in-interest	12 (Do not include tea	reactions recorded	10b		х					
C	Was the plan covered by a fidelity i	bond?		************	10c	x				1000		
d	Did the plan have a loss, whether of or dishonesty?	r not reimbursed by the plan's	fidelity bond, that wa	s caused by fraud	104		x					
8	Were any fees or commissions paid insurance service or other organizal instructions.)	i to any brokers, agents, or oth tion that provides some or all (fer persons by an ins	turance carrier,	10e		х					
f	Has the plan failed to provide any bo	enefit when due under the pla	n?		10f		x	<u> </u>				
8	Did the plan have any participant los						- <u></u>	 				
h	If this is an individual account plan, 1 2520.101-3.)	was there a blackout period? (See Instructions and	129 CED	10g		×	<u> </u>				
i	If 10h was answered "Yes," check the exceptions to providing the notice at	18 box if you either provided th	e required antice or	ane of the	10h	-						
Part	VI Pension Funding Comp	pliance			101		_	<u>.</u>				
11	Is this a defined benefit plan subject 5500)	to minimum funding requirem	ents? (If "Yes," see li	nstructions and comp	olete S	chedi	ule SB	(Form	∏ Ye:	 ∌∏ No		
lf y	is this a defined contribution plan su (if "Yes," complete 12a or 12b, 12c, if a waiver of the minimum funding st granting the waiver	12d, and 12e below, as applic tandard for a prior year is bein nes 3, 9, and 10 of Schedule tion for this plan year	able.) g emortized in this p. • MB (Form 5500), a	en year, see instruct Month nd skip to line 13.	ions, a	and er	nter th		Yes	٠		
a	Subtract the amount in line 12c from negative amount)	the amount in line 12b. Enter:	the result (enter a mi	nus sion to the left o	1 .		2d					
	Mill the minimum funding amount rep	orted on line 12d be met by th	ne funding deadline?			·		Yes	No	N/A		
Part \	II Plan Terminations and	Transfers of Assets	<u> </u>		-							
13a	las a resolution to terminate the plan	been adopted during the pler	1 year or any prior ve	er7					X Yes	No		
	<u>f "Yes," enter the amount of any plan</u>	assets that reverted to the en	nolover this year			1	3.0					
b	of the PBGC7	perticipants or beneficiarles,	transferred to anothe	er plan, or brought ur	ider th	e con	tro(X Yes			
	r during this plan year, any assets or which assets or liabilities were transfe	' llabilities were transferma fro	m this plan to anothe	r plan(s), identify the	plan(s) to						
13	c(1) Name of plan(s):					13c(2) EIN	J(<u>s)</u>	13c(3) PN(s)		
			"									
Cautio	n: A penalty for the late or incomp	lete filing of this return/repo	rt will be assessed	uniess reasonable	COLIS	is es	tablis	shed.		-		
SB or 9	penalties of partiry and other penaltie ichedule Md completed and signed b it is true, correct, and dimplete.	es set forth in the leastwellage.	I donlars that the						ie, a Sch lowledge	edule and		
SIGN	4 Victoria			Robert Haifl	ėν							
HERE	Signature of plan administrator	<u> </u>	Date /0/14/11	Enter name of Indi		glaci-	0.00	Jon odeste	le++			
SIGN				amer hame of the	**************************************	<u>əminil</u>	iy 85 j	<u>zan admin</u>	STERIO			
HERE	ERE Signature of employer/plan sponsor Data Enter name of indi					lividual signing as employer or plan sponsor						