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 01/01/2	2010	and ending	12/31/2	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 retu	n/report					
	an amended return/report	short plai	n year return/report (less than 12 m	onths)				
C	Check box if filing under:	automatic	cextension		DFVC program			
	special extension (enter descri							
Pa	Int II Basic Plan Information—enter all requested info	. /						
	Name of plan	mation		1b	Three-digit			
	ERANS INDEPENDENT ENTERPRISES OF WASHINGTON 401	(K) PROFIT	SHARING PLAN		plan number 001			
					(PN) •			
				1c	Effective date of plan 01/01/1998			
22	Plan sponsor's name and address (employer, if for single-emplo	vor plan)		2h	Employer Identification Number			
	ERANS INDEPENDENT ENTERPRISES OF WASHINGTON	yei piaii)		25	(EIN) 91-1398031			
				2c	Plan sponsor's telephone number			
	16TH STREET EAST #B , WA 98424			0-1	253-922-5650			
				Zu	Business code (see instructions) 541990			
3a	Plan administrator's name and address (if same as Plan sponso	r, enter "Sam	e")	3b	Administrator's EIN			
	ERANS INDEPENDENT ENTERPRISES OF 4630 16T HINGTON FIFE, WA	H STREET E . 98424	AST #B		91-1398031			
	,			3c	Administrator's telephone number 253-922-5650			
4 1	f the name and/or EIN of the plan sponsor has changed since the	e last return/re	eport filed for this plan, enter the	4b				
	name, EIN, and the plan number from the last return/report. Spo							
				4c	1			
	Total number of participants at the beginning of the plan year				12			
b	Total number of participants at the end of the plan year			. 5b	12			
С	Total number of participants with account balances as of the en complete this item)			. 5c	7			
6a	Were all of the plan's assets during the plan year invested in el				X Yes □ No			
b	Are you claiming a waiver of the annual examination and report	•	,					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibil	•	•		Yes No			
Do	If you answered "No" to either 6a or 6b, the plan cannot user till Financial Information	e Form 5500-	SF and must instead use Form 5	500.				
			() 5 · · · · · · · · · · · · · · · · · ·		455 1 47			
7	Plan Assets and Liabilities	_	(a) Beginning of Year	72	(b) End of Year 99656			
	Total plan assets Total plan liabilities		.255	_				
C	Net plan assets (subtract line 7b from line 7a)		1256	72	99656			
8	Income, Expenses, and Transfers for this Plan Year	7с	(a) Amount		(b) Total			
а	Contributions received or receivable from:		(a) Amount		(b) Total			
	(1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)			0	0			
b	Other income (loss)	8b	-1160	07				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				-11607			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		1440	09				
е	Certain deemed and/or corrective distributions (see instructions) 8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				14409			
i	Net income (loss) (subtract line 8h from line 8c)	8i			-26016			
i	Transfers to (from) the plan (see instructions)	Ri						

Fo	orm 5500-SF 2010	Page 2-
Part IV	Plan Characteristics	
O- If the	nlan provides panaian hanafita	anter the applicable pancian feature and a from the List of Dian Characteristic Codes in the instructions.

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 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:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 2 oFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		Compliance Questions		ı				
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	a w	uring the plan year:	-	Yes	No		Amount	
on line 10a.). C Was the plan covered by a fidelity bond?					X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? ## 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). ## Bas the plan failed to provide any benefit when due under the plan? ## Bud the plan have any participant loans? (If "Yes," enter amount as of year end.)			10b		X			
e 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). If Has the plan failed to provide any benefit when due under the plan? If John Has the plan failed to provide any benefit when due under the plan? If John Has the plan failed to provide any benefit when due under the plan? If 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. If 170h 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. It Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)). Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No. (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If you completed Ine 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount). Were all the minimum funding amount reported on line 12d be met by the funding deadline?	c v	Vas the plan covered by a fidelity bond?	10c	X				20000
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)			10d		X			
First are plan failed to provide any participant loans? (If "Yes," enter amount as of year end.)	in	surance service or other organization that provides some or all of the benefits under the plan? (See	10e		X			
10g	f H	as the plan failed to provide any benefit when due under the plan?	10f		X			
2520.101-3.) if If th 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 if If th 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 if If this is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)). It is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	g D	id the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q	X				1765
rit VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)). Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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			10h		X			
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)). I sthis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. I senter the minimum required contribution for this plan year 12b 12c			10i					
Stouth the minimum funding amount reported on line 12b be met by the funding deadline?	rt VI	Pension Funding Compliance						
(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. by Carry Tyou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. by Enter the minimum required contribution for this plan year. completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. by Enter the minimum required contribution for this plan year. completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. by Enter the minimum required contribution for this plan year. completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. by Enter the amount contributed by the employer to the plan for this plan year. complete the minimum required contribution for this plan year. complete the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a line 12d line 1							Yes	s X No
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	2 Is	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ction	302 of I	ERISA?	Yes	s 🛚 No
granting the waiver.	(If	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
b Enter the minimum required contribution for this plan year	gr	anting the waiverMor	nth					
C Enter the amount contributed by the employer to the plan for this plan year	-			Г	401			
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?					12C			
Trivition: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.					12d			
Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	e w	ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
If "Yes," enter the amount of any plan assets that reverted to the employer this year	rt VI	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?	а на	as a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>			Yes	s X No
of the PBGC?	lf ("Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
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) 14c(3) PN(s) 14c(5) EIN(s) 15c(6) EIN(s) 15c(7) EIN(s) 15c(8) EIN(s) 15c(9) EIN(s) 15c(9) EIN(s) 15c(1) PN(s) 15c(1) PN(s) 15c(2) EIN(s) 15c(1) PN(s) 15c(2) EIN(s) 15c(3) PN(s) 15c(3) PN(s)	b w	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	under	the co			Yes	s X No
aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.	ot	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t						
<u> </u>	C If	(1) Name of plan(s):		13	c(2) El	N(s)	13c(3	3) PN(s)
<u> </u>	C If	() = = = = (-)						
<u> </u>	C If							
	C If							

SIGN	Filed with authorized/valid electronic signature.	10/17/2011	JUDY SCHWIND					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	10/17/2011	JUDY SCHWIND					
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).

▶ 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

P	art I Annual Report	Identification Information					
For	the calendar plan year 2010 o	or fiscal plan year beginning	01/01	/2010	and ending	12/	31/2010
Α	This return/report is for:	x single-employer plan	multiple-en	nployer plan (n	ot multiemployer)		one-participant plan
В	This return/report is for:	first return/report	final return.	report/			
		an amended return/report	short plan	year return/rep	ort (less than 12 montl	ns)	
C	Check box if filing under:	x Form 5558	automatic e	extension		П	DFVC program
	•	special extension (enter descript	ப்on)			ш	
P	art II Başic Plan Info	ormation enter all requested in	formation				
	Name of plan	Simulation enter an requested it	normadon.			1h т	hree-digit
	·	t Enterprises of Washingt	on 401(K)	PROFIT SHA	RING PLAN	pl (F	lan number PN) ▶ 001
							ffective date of plan 1/01/1998
2a		dress (employer, if for single-employer T ENTERPRISES OF WASHINGT				<u>(E</u>	mployer Identification Number EIN) 91-1398031
	4630 16TH STREET EAS	ST #B				(lan sponsor's telephone number 253) 922-5650
បន	FIFE	WA 98424					usiness code (see instructions) 41990
3a		d address (If same as plan employer,	enter "Same")				dministrator's EIN
	Same						
						3c A	dministrator's telephone number
4		plan sponsor has changed since the per from the last return/report. Sponso		t filed for this p	olan, enter the	4b E	IN
	name, chy and the plan num.	ber from the last return/report. Sponst	n S Maine			4c P	N
5a	• •	at the beginning of the plan year				5a	12
b		at the end of the plan year				5b	12
С		with account balances as of the end or				5c	7
6a		during the plan year invested in eligibl					
þ		the annual examination and report of			, ,		
		(See instructions on waiver eligibility a her 6a or 6b, the plan cannot use Fo			ad use Form 5500.	• • •	Yes No
P	art III Financial Infor				<u> </u>		
7	Plan Assets and Liabilities			(a) B	eginning of Year	<u> </u>	(b) End of Year
a	Total plan assets	· • • • • • • • • • • • • • • • • • • •	7a		125,672		99,656
b	Total plan liabilities		7b				
С	Net plan assets (subtract line	7b from line 7a)	7c	50	125,672		99,656
8	Income, Expenses, and Trans	sfers for this Plan Year			a) Amount		(b) Total
а	Contributions received or received					157	
	(1) Employers	• • • • • • • • • • • •	8a(1)	<u> </u>	0		
	, ,				0	-	
b	Other income (loss)	s)	8a(3)		(11,607)	-	
C	Total income(add lines 8a(1),		8c		(11/00//	27,6180	(11,607)
ď		t rollovers and insurance premiums	.	A STATE OF THE PARTY OF THE PAR	A SECTION AND ASSESSMENT		(11,007)
	to provide benefits)		· · 8d		14,409		
е		ctive distributions (see instructions)					
f	·	ers (salaries, fees, commissions) .				_	
g	•	• • • • • • • • • •	· · 8g		THE STORES AND THE		
h	Total expenses (add lines 8d,	, 8e, 8f, and 8g)	8h				14,409
i	, , ,	ne 8h from line 8c)	8i				(26,016)
j	Transfers to (from) the plan (s	see instructions)	8j				

	<u>F</u>	orm 5500-SF 2010	P	age 2-						
Par	t IV	Plan Characteristics								
9a	If the p	an provides pension benefits, enter the applicable pension fea 2								***************************************
Par	tV	Compliance Questions								
10		g the plan year:	200	**************************************		Yes	No	A	mount	••••
а		there a failure to transmit to the plan any participant contribution	n within the time period	described in			x			
h		FR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a					
b		there any nonexempt transactions with any party-in-interest? e 10a.)	•	· .	10Ь		x			
_		,			10c	x			20	00,000
c d		the plan covered by a fidelity bond?			100		-		40	,0,000
-		honesty?	•		10d		х			
е	Wer	any fees or commisions paid to any brokers, agents, or other	persons by an insurance	e carrier.						
	insu	ance services or other organization that provides some or all o	f the benefits under the	plan? (See	400		x			
£		ctions.)			10e		x			
f		he plan failed to provide any benefit when due under the plan?		1	10f		<u> </u>			
g		ne plan have any participant loans? (If "Yes," enter amount as			10g	Х				L7,653
h		is an individual account plan, was there a blackout period? (S 101-3.)			10h		x			
i	If 10	n was answered "Yes," check the box if you either provided the otions to providing the notice applied under 29 CFR 2520.101-	required notice or one of	of the						
Par	RESIDENCE .	Pension Funding Compliance					•			and the same
11	ls th	s a defined benefit plan subject to minimum funding requireme								
12	5500								Yes [X No
12		s a defined contribution plan subject to the minimum funding re es," complete 12a or 12b, 12c, 12d, and 12e below, as applica	•	12 of the Code or se	Ction	302 c	of ERIS	A?	Yes [<u>x</u> INO
а		aiver of the minimum funding standard for a prior year is being		ear see instructions	and	antar	the da	te of the lette	er ruling	
u		ing the waiver								
lf	you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule N	∄B (Form 5500), and s⊧	tip to line 13.		_		I		
b	Ente	the minimum required contribution for this plan year $\ . \ . \ .$			•	$\cdot \mid$	12b			
C		the amount contributed by the employer to the plan for this pla	•		•	•	12c			
d		act the amount in line 12c from the amount in line 12b. Enter t tive amount)	he result (enter a minus	sign to the left of a			12d			
е	-	ne minimum funding amount reported on line 12d be met by th	e funding deadline?		•	٠ ـ		∏Yes I	¬No Г	¬N/A
_	t VII	Plan Terminations and Transfers of Assets			• •	<u> </u>	• •			
		a resolution to terminate the plan been adopted during the plan							Yes [x No
		s," enter the amount of any plan assets that reverted to the en			• •	٠.٢	13a	· · · · ·		
b	Wer	all the plan assets distributed to participants or beneficiaries,	ransferred to another of	an or brought under	the c	ontro		L		
-		PBGC?							Yes [X No
		ing this plan year, any assets or liabilities were transferred fron assets or liabilities were transferred. (See instructions.)	n this plan to another pla	an(s), identify the pla	n(s) to	o 				
	13c(1)	Name of plan(s):				13	3c(2) E	IN(s)	13c(3) PI	N(s)
					······································				ļ	
Caut	ion: A	penalty for the late or incomplete filing of this return/report	will be assessed unle	ss reasonable caus	se is e	estab	lished	•		
Unde	r pena	ies of perjury and other penalties set forth in the instructions, I	declare that I have exar	nined this return/repo	ort, in	cludir	ng, if ap	oplicable, a S	chedule	
		ule MB completed and signed by an enrolled actuary, as well a ie, correct, and complete.	is the electronic version	ot this return/report,	and t	o the	best of	my knowled	ge and	
038	(Ma) 7	under Arlangia	10:17:11	Vidu 6	シャ) i . `	ma	1		-
THE RESERVE	RE S	gnature of plan administrator	Date	Enter name of indiv				• • •	rator	
0.00	STATE OF THE PARTY.	griatore of plan auministrator	Date	Lines marine or mark	riuudi	əryill	my as	nan aummist	alUI	

10.17-11

Enter name of individual signing as employer or plan sponsor

Date

SIGN

HERE Signature of employer/plan sponsor