## 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

	art I Annual Report Identification Information								
For	r calendar plan year 2010 or fiscal plan year beginning 01/01/201	0	and ending	12/31/2	2010				
Α	This return/report is for:	multiple-e	mployer plan (not multiemployer)		one-participant plan				
В	This return/report is for:	final retur	n/report						
	an amended return/report	short plar	year return/report (less than 12 mo	onths)					
С	Check box if filing under: Form 5558 automatic extension				DFVC program				
	special extension (enter description								
Pa	art II Basic Plan Information—enter all requested information	ation							
	Name of plan			1b	Three-digit				
WILL	LIAM H OLSON INC PROFIT SHARING PLAN				plan number 001				
				10	(PN) Fraction data of plan				
				10	Effective date of plan 01/01/1997				
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number				
WILL	LIAM H OLSON INC				(EIN) 91-1233515				
2203	3 PACIFIC AVE SE			2c	Plan sponsor's telephone number 360-249-3691				
	MPIA, WA 98501				Business code (see instructions)				
					444190				
3a WILI	I Plan administrator's name and address (if same as Plan sponsor, e LIAM H OLSON INC 2203 PACIFI		<b>?</b> ")	3b	Administrator's EIN 91-1233515				
	OLYMPIA, W			3c	Administrator's telephone number				
					360-249-3691				
	If the name and/or EIN of the plan sponsor has changed since the last		port filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report. Sponso	rs name		4c	PN				
5a	Total number of participants at the beginning of the plan year			5a	7				
b			5b	0					
С	Total number of participants with account balances as of the end of	the plan y	rear (defined benefit plans do not	100					
	complete this item)			. 5c	0				
6a			,		Yes No				
D	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•						
Pa	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	•	. 7a		0	0				
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)								
b	Other income (loss)	8b							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							
d	3								
_	to provide benefits)	. 8d		$\dashv$					
e	,	. 8e		$\dashv$					
t	Administrative service providers (salaries, fees, commissions)	8f		-					
g		. 8g							
n i									
i	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)	8i							
J	Transition to (morn) the plan (see motivations)	8j							

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Part IV	Plan	Characteristics	c
railiv	ГІАП	CHALACLEH SUC:	

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E

b	If th	he plan provides welfare benefits, enter the applicable welfare feature codes from the Lis	st of Plan Chara	cterist	ic Co	des in t	the instru	ctions		
art	: <b>V</b>	Compliance Questions								
0	Du	uring the plan year:			Yes	No		Amo	ount	
а	Wa	as there a failure to transmit to the plan any participant contributions within the time perion 9 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.)								
С	Was the plan covered by a fidelity bond?									5000
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was ca dishonesty?		10d		X				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insuran surance service or other organization that provides some or all of the benefits under the pstructions.)	olan? (See	10e		X				
f	На	as the plan failed to provide any benefit when due under the plan?		10f		X				
g	Dio	d the plan have any participant loans? (If "Yes," enter amount as of year end.)		10g		X				
h		this is an individual account plan, was there a blackout period? (See instructions and 29 0520.101-3.)		10h		X				
i		10h was answered "Yes," check the box if you either provided the required notice or one coeptions to providing the notice applied under 29 CFR 2520.101-3		10i						
art						ı				
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instru							Yes	No
12		this a defined contribution plan subject to the minimum funding requirements of section 4							Yes	X No
	If a	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan yanting the waiver.	Mont							
lf y	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and s	skip to line 13.		_		1			
b	En	nter the minimum required contribution for this plan year				12b				
		nter the amount contributed by the employer to the plan for this plan year				12c				
	ne	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus agative amount)			<u> </u>	12d				7
е	Wi	ill the minimum funding amount reported on line 12d be met by the funding deadline?					Yes	1	No	N/A
art	VII	Plan Terminations and Transfers of Assets							1	_
3а	Ha	as a resolution to terminate the plan been adopted during the plan year or any prior year?	·				1	X	Yes	No
	If "	Yes," enter the amount of any plan assets that reverted to the employer this year				13a				0
	of :	ere all the plan assets distributed to participants or beneficiaries, transferred to another pl the PBGC?						X	Yes	No
С		during this plan year, any assets or liabilities were transferred from this plan to another plaich assets or liabilities were transferred. (See instructions.)	lan(s), identify th	ne plai	n(s) to	1				
1	3c(	(1) Name of plan(s):		<b>13c(2)</b> EIN(s) 13			13c(3)	PN(s)		
						_				
Caut	ion:	: A penalty for the late or incomplete filing of this return/report will be assessed un	less reasonabl	le cau	se is	establ	ished.			
Jnde SB o	er pe r Sc	enalties of perjury and other penalties set forth in the instructions, I declare that I have exchedule MB completed and signed by an enrolled actuary, as well as the electronic version is true, correct, and complete.	amined this retu	ırn/rep	ort, in	cludin	g, if applic	,		
<b>01</b> -		Filed with authorized/valid electronic signature. 10/09/2011 W	/ILLIAM H. OLS	ON						
Sigi	N									

SIGN	Filed with authorized/valid electronic signature.	10/09/2011	WILLIAM H. OLSON
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 Treasury Internal Revenue Service

Cepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Cornoration

## 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).

OMB Nos. 1210 - 0110 1210 - 0089

2010

This Form is Open to Public

Complete all entries in accordance with the instructions	to the	Form 5500-SF.		Inspection		
Part I Annual Report Identification Information						
For calendar plan year 2010 or fiscal plan year beginning and ending						
A This return/report is for:  B This return/report is for:  I single-employer plan  first return/report  an amended return/report  C Check box if filing under:  X single-employer plan  multiple-employer plan (not m  X final return/report  short plan year return/report (I	an 12 months)	_				
C Check box if filing under:			JFVC	program		
Part II Basic Plan Information—enter all requested information			-			
1a Name of plan			1b	Three-digit plan		
WILLIAM H. OLSON, INC. PROFIT SHARING PLAN		Į		number (PN) ▶ 001		
			1c	Effective date of plan		
				01/01/1997		
2a Plan sponsor's name and address (employer, if for single-employer plan)			2b	Employer Identification No.		
WILLIAM H. OLSON, INC.		ŀ	2-	(EIN) 91-1233515		
2202 DECERTO BUE CO		ĺ	2c	Plan sponsor's telephone no. 360-249-3691		
2203 PACIFIC AVE SE OLYMPIA WA 98501		ŀ	2d	Business code (see instr.)		
VIIIEIR HR 303VI				business code (see insu )		
				444190		
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")			3b	Administrator's EIN		
WILLIAM H. OLSON, INC.				91-1233515		
2203 PACIFIC AVE SE		Ī	3c	Administrator's		
OLYMPIA WA 98501				telephone number		
				360-249-3691		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the	name,	EIN.	<u>4b</u>	EIN		
and the plan number from the last return/report. Sponsor's name			4c	PN		
Total number of participants at the beginning of the plan year			<u>5a</u>	7		
<ul> <li>Total number of participants at the end of the plan year</li> <li>Total number of participants with account balances as of the end of the plan year (defined benefit plans do not</li> </ul>			5c	0		
Total number of participants with account balances as of the end of the plan year (defined benefit plans do not the plan year invested in eligible assets? (See instructions.)						
b Are you claiming a waiver of the annual examination and report of an independent qualified put						
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)				X Yes No		
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must inste						
Part III Financial Information			<del></del> ,			
7 Plan Assets and Liabilities		(a) Beginning of		(b) End of Year		
a Total plan assets	7a		의	0		
b Total plan liabilities	7b		-			
C Net plan assets (subtract line 7b from line 7a)  8 Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount		(b) Total		
		(a) Amount		(0) (00)		
	8a(1)					
(1) Employers (2) Participants	8a(2)					
(3) Others (including rollovers)	8a(3)					
b Other income (loss)	8b					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f					
g Other expenses	8g 8h					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8i					
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8j	and the second of the second				
For Panamer's Poduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.				Form 5500-SF (2010)		

P759 10/08/2011 8	:18 P	М	
WILLIAM	H.	OLSON,	INC

59 10/	08/2011 8:18 PM						
	LIAM H. OLSON, INC. 91-1233515	ge 2-	$\neg$				
	Fulli 3300-SF 2010			_			
Par	IV Plan Characteristics						**-
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan	Characteris	tic Co	des in	the inst	ructions	:
	2E						
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan C	haracteristi	c Code	es in tl	ne instru	uctions:	
Par	Compliance Questions	_	,				
0	During the plan year:		Yes	No		Amoun	<u>t</u>
а	Was there a failure to transmit to the plan any participant contributions within the time period described	1 in			İ		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	<b></b>		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	ed					
	on line 10a.)	10b		X	<u> </u>		
C	Was the plan covered by a fidelity bond?	10c	X		ــــــ		5000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frac	ıd					
	or dishonesty?	10d	ļ	<u> </u>			
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,	ļ					
	insurance service or other organization that provides some or all of the benefits under the plan? (See	i i			1		
	instructions.)	100	-	X	<u> </u>		
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 the amount as of year end.)	10g	<del>                                     </del>	X	+ 10.57		874 28
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR		l '	ĺ			
	2520.101-3.)	10h	-	X			
İ	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_			1 3 3 3 3 3		
	t VI Pension Funding Compliance		Cabad	de CD	/C		
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and	complete s	Scnear	lie 20	, (Form T	Yes	∏ No
	5500)) Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 30	2 of EDICA?	· · · · · · · · · · · · · · · · · · ·			Yes	
2		JZ UI ENISA!			L	7 ,62	<b>E</b> 140
_	(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 in	etructione	and ar	star th	o dato (	of the let	er culina
а		Month				ar	
16	granting the waiver. ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		D	.y	_ '6	"	_
b	in the second of			12b			
C	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 a					
•	negative amounts			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
	VII Plan Terminations and Transfers of Assets					<u> </u>	-
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?				7	K Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			0
<del></del> -							

Par	t VII	Plan Terminations and Transfers of Assets	
40-		that the state of	

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

X Yes No

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(3) PN(s) 13c(1) Name of plan(s): 13c(2) EIN(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 WILLIAM H. OLSON SIGN Enter name of individual signing as plan administrator Date Signature of plan administrator HERE SIGN Date Enter name of individual signing as employer or plan sponsor HERE Signature of employer/plan sponsor

Year Ending: December 31, 2010

91-1233515

William H. Olson, Inc. 2203 Pacific Ave SE Olympia, WA 98501

## Service Provider Authorization

William H. Olson, Inc., plan administrator, authorizes Robert A. Barene, CPA as the service provider for WILLIAM H. OLSON, INC. PROFIT SHARING PLAN, plan number 001 to electronically file Form 5500 or Form 5500-SF for the plan and electronically sign the return on behalf of the administrator. In order for this authorization to be valid, a PDF copy of the first 2 pages of Form 5500 or Form 5500-SF is provided to Robert A. Barene, CPA, complete with the signature of the individual signing as plan administrator. This PDF copy with the administrator signature is displayed with the rest of the Form 5500 or Form 5500-SF on the Department of Labor's website.

Signature of plan administrator

Free 10-17-11