## Form 5500-SF

Department of the Treasury Internal Revenue Service

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

Inspection

This Form is Open to Public

OMB Nos. 1210-0110 1210-0089

Р	ension Be	enefit Guaranty Corporation	▶ Complete all entries in	accorda	nce with	the instructions to the Form 55	500-SF.	ins	pection		
Pa	art I	Annual Report Id	entification Information	n				•			
For	calend	ar plan year 2010 or fisca	al plan year beginning 01/0	01/2011		and ending	10/15/2	2011			
Α	This ret	turn/report is for:	single-employer plan	n	nultiple-e	mployer plan (not multiemployer)		one-participa	nt plan		
В	This ret	turn/report is for:	first return/report	X f	inal returi	n/report					
		Ī	an amended return/report	X	hort plan	year return/report (less than 12 m	nonths)				
С	Check	box if filing under:	Form 5558	Па	utomatic	extension		DFVC program			
_			special extension (enter de	scription	)						
Pa	art II	Basic Plan Inform	nation—enter all requested	•	<u></u>						
		of plan	ination chief an requested	momat	1011		1b	Three-digit			
		ANS GROUP, INC 401K	PLAN					plan number	001		
								(PN) <b>•</b>			
							1c	Effective date of 09/29/2			
22	Plan c	noncor's name and addr	ess (employer, if for single-em	nlover n	lan)		2h	Employer Identii			
		ANS GROUP INC	ess (employer, ir for single-em	ipioyei p	iaii)		20	(EIN) 91-1994	4395		
							2c	Plan sponsor's t	elephone number		
	4TH A MPIA, V	VE E NA 98506					0-1	360-570			
							20	Business code ( 812990	see instructions)		
3a	Plan a	dministrator's name and	address (if same as Plan spor	nsor, ent	er "Same	·")	3b	Administrator's I	ΞΙΝ		
THE	ARTIS	ANS GROUP INC		4TH AVE IPIA, WA				91-199			
				,			3c	Administrator's t	elephone number		
4	f the na	ame and/or FIN of the pla	in sponsor has changed since	the last	return/re	port filed for this plan, enter the	4h	EIN			
			r from the last return/report.			F,	_				
_								PN			
5a									11		
b							5b		0		
С						ear (defined benefit plans do not	. 5c		0		
6a		•				(See instructions.)			X Yes ☐ No		
		•		-		dent qualified public accountant (I					
	under	29 CFR 2520.104-46? (	See instructions on waiver elig	gibility ar	d conditi	ons.)			Yes No		
				use For	m 5500-	SF and must instead use Form 5	5500.				
_	rt III	Financial Informa	ation								
7		Assets and Liabilities		-	_	(a) Beginning of Year 2557	64	(b) End	of Year		
a					7a	2001	04				
b		•	The frame line 7a)		7b	2557	64		0		
<u> </u>		·	b from line 7a)		7c		-	4.7			
8 a		ie, Expenses, and Transf butions received or recei		-		(a) Amount		(b) T	otal		
а			vable ITOTTI.		8a(1)						
	<b>(2)</b> P	articipants			8a(2)						
	(3) 0	thers (including rollovers)	)		8a(3)						
b	Other	income (loss)			8b						
С	Total i	income (add lines 8a(1),	8a(2), 8a(3), and 8b)		8c				0		
d		, ,	ollovers and insurance premi		8d	2557	64				
е	Certai	in deemed and/or correct	ive distributions (see instruction	ons)	8e						
f	Admir	nistrative service provider	rs (salaries, fees, commissions	s)	8f						
g	Other	expenses			8g						
h	Total	expenses (add lines 8d,	Be, 8f, and 8g)		8h				255764		
i	Net in	come (loss) (subtract line	e 8h from line 8c)		8i				-255764		
j	Trans	fers to (from) the plan (se	ee instructions)		8j						

	F	Form 5500-SF 2010 Page <b>2-</b>							
Par	t IV	Plan Characteristics							
-	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	stic Co	des in	the instru	ctions:		
		2E 2F 2G 2J 2K							
b	if the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	icteris	tic Coc	des in t	ne instruc	tions:		
art	V	Compliance Questions							
0	Duri	ng the plan year:		Yes	No		Amoun	t	
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		X				
С	Wa	s the plan covered by a fidelity bond?	10c		X				
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 ructions.)	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.)	10q		X				
h		is 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		X				
art	VI	Pension Funding Compliance							
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Ye	es X	No
2	Is th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	ERISA?	Ye	es X	No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver							
If		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day .		1 cai		_
b	Ente	er the minimum required contribution for this plan year		[	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c				_
d		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	No	1	N/A
art	VIII	Plan Terminations and Transfers of Assets							

**13a** Has a resolution to terminate the plan been adopted during the plan year or any prior year? ..... Yes If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

X Yes No

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

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.	10/24/2011	RANDY FOSTER
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

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).

OMB Nos. 1210-0110

1210-0089

2010

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance with	the instructions to the Form 5500	-SF.		pootion	
		dentification Information						
For	calendar plan year 2010 or fisc		1/01/2	010 and ending		12/31/201	. 0	
A	This return/report is for:	X single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	nt plan	
В	This return/report is for:	first return/report	final return	n/report				
		an amended return/report	short plan	year return/report (less than 12 mor	iths)			
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	ım	
		special extension (enter descriptio	on)					
Pa	rt II Basic Plan Infor	mation—enter all requested informa	ation					
	Name of plan	,			1b	Three-digit		
	THE ARTISANS GROUP	, INC 401K PLAN				plan number	0.01	
				8	4.	(PN)	001	
					10	Effective date of 09/29/2004		
2a	Plan sponsor's name and add	ress (employer if for single-employer	plan)		2b	Employer Identi		
Zu	THE ARTISANS GROUP	ress (employer, if for single-employer INC	pian,			(EIN) 91-199		
					2c	Plan sponsor's	telephone number	
	1508 4TH AVE E				24	(360) 570-		
	OLYMPIA			WA 98506	Zu	812990	(see instructions)	
3a		d address (if same as Plan sponsor, e	nter "Same		3b	Administrator's	EIN	
	SAME							
					3C	Administrator's telephone number		
4	f the name and/or EIN of the p	lan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	lb ein		
		er from the last return/report. Sponso			7:25			
					4c	PN	902	
5a	Total number of participants a	at the beginning of the plan year			5a		12	
b		at the end of the plan year			5b		11	
C		with account balances as of the end of			5с		11	
		d the plant considerated in all all					X Yes No	
6a		during the plan year invested in eligib the annual examination and report of						
D	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility	and conditi	ions.)			X Yes No	
		her 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.			
Pa	rt III Financial Inform	nation		Γ				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
0.000	Total plan assets		. 7a	235,20	8	×	255,764	
b	DESCRIPTION AND DESCRIPTION OF THE PROPERTY OF			225 20			255 764	
<u>c</u>		7b from line 7a)	7c	235,20	0	4.5	255,764	
8	Income, Expenses, and Tran Contributions received or rec			(a) Amount		(b)	Total	
а		eivable irom.	. 8a(1)	5,31	8			
				13,54	9			
		·s)	There was					
b	Other income (loss)			31,01	1			
С		), 8a(2), 8a(3), and 8b)	1000				49,878	
d	Benefits paid (including direc	t rollovers and insurance premiums		00.00		Mary Mary Mary Mary Mary Mary Mary Mary		
	to provide benefits)		. 8d	29,23	8			
е		ctive distributions (see instructions)						
f	Administrative service provid	ers (salaries, fees, commissions)	. 8f	8	4			
g								
h		, 8e, 8f, and 8g)			-		29,322	
i	A TOTAL CONTRACTOR OF THE PARTY	ne 8h from line 8c)					20,556	
j	Transfers to (from) the plan (	see instructions)	· 8j					

Form	EEOO	CE	201	0
⊢orm	2200	-51	201	u

Page	2-	

Part	IV Plan Characteristics		ore ot - v	otic Co	doc in t	he instruction	us.
9a	f the plan provides pension benefits, enter the applicable pension features and the second se	ire codes from the List of Plan C	aracteris	Stic Co	des in t	ne instructio	115.
b	f the plan provides welfare benefits, enter the applicable welfare featu	re codes from the List of Plan Ch	aracteris	tic Cod	des in th	ne instructior	ns:
Part	V Compliance Questions	6					
10	During the plan year:			Yes	No	Α	mount
а	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-1022 (See instructions and DOL's Voluntary Fiducian	y Correction Program)	Tua		Х		
b	Were there any nonexempt transactions with any party-in-interest? (D on line 10a.)		100	-	Х		
С	Was the plan covered by a fidelity bond?		10c	Х			44,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?		10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other prinsurance service or other organization that provides some or all of the instructions.)	ersons by an insurance carrier, e benefits under the plan? (See	10e	X			2,366
f	Has the plan failed to provide any benefit when due under the plan? .		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)	100		Х		33
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)	e instructions and 29 CFR	101	1	Х		
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or one of the	10i				
Part							
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	s? (If "Yes," see instructions and	complete	e Sche	dule SE	3 (Form	Yes X No
12	Is this a defined contribution plan subject to the minimum funding rec	uirements of section 412 of the	Code or s	section	302 of	ERISA?	Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable of a waiver of the minimum funding standard for a prior year is being a granting the waiver	amortized in this plan year, see it	13.		Day	————	Year
b	Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan	voor		10015000	12c		
c	the state of the second in line 12h Enter the	e result (enter a minus sign to th	left of a	9	12d		
e	Will the minimum funding amount reported on line 12d be met by the	funding deadline?				Yes	No N/A
Par	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior year?					Yes X No
	If "Voc." onter the amount of any plan assets that reverted to the emp	oloyer this year			. 13a		
k	Were all the plan assets distributed to participants or beneficiaries, tr	ansferred to another plan, or bro	ught und	er the			Yes X No
C	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another plan(s), ide	tity the p			-1817-3-3-	42-(2) DN(c)
	13c(1) Name of plan(s):		_		13c(2) E	=IN(s)	13c(3) PN(s)
Ca	ition: A penalty for the late or incomplete filing of this return/repo	rt will be assessed unless reas	onable (	cause	is esta	blished.	
Un	der penalties of perjury and other penalties set forth in the instructions, or Schedule MB completed and signed by an enrolled actuary, as well ef, it is true, correct, and complete.	I doclare that I have examined the	is return	/report	. includ	ing, it applica	knowledge and
be	BALA	06/13/11 RANDY	OSTER	ξ			
100000	GN AND FOR				signina	as plan adm	ninistrator
HI	RE Signature of plan administrator	06/13/11 Bano		ext	6		
	GN KAMOS TOGA		-	vidual	signing	as employe	r or plan sponsor
H	RE Signature of employer/plan sponsor	Date   Linter Har	o or mai		99		