## 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

P	ension Benefit Guaranty Corporation	<ul> <li>Complete all entries in accor</li> </ul>	dance wit	h the instructions to the Form 550	0-SF.					
		lentification Information								
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	1	and ending 0	4/30/2	2011				
Α -	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan			
В -	This return/report is for:	first return/report	final retur	n/report		_				
		an amended return/report	short plar	year return/report (less than 12 mor	nths)					
C	Check box if filing under:	DFVC program								
		special extension (enter description	on)							
Pa	rt II Basic Plan Inforr	nation—enter all requested inform	ation							
1a	Name of plan				1b	Three-digit				
BERN	NIE & BOYS 401(K) PLAN					plan number	002			
					10	(PN)	fl.			
					10	Effective date of 01/01/2				
	Plan sponsor's name and addre	ess (employer, if for single-employer	· plan)		2b	Employer Ident (EIN) 91-112		ber		
	,				2c	Plan sponsor's	telephone nu	ımber		
	5 - 1ST AVE. S. TLE, WA 98168				24		8-1916			
					Za	Business code 445110	(see instructi )	ons)		
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter_"Same	e")	3b	Administrator's				
BEKI	NIE & BOYS, INC.	11225 - 1ST SEATTLE, W			3c	91-1125929 <b>3c</b> Administrator's telephone numbe				
						206-24	8-1916			
	•	an sponsor has changed since the la r from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN				
	iamo, zm, ana mo piamiamo	- Home and total proposition of the control	J. 6a6		4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a			28		
b	Total number of participants at	the end of the plan year			5b			0		
С	•	ith account balances as of the end o		•	5c			0		
6a	Were all of the plan's assets d	luring the plan year invested in eligib	ole assets?	(See instructions.)			X Yes	No		
b				ndent qualified public accountant (IQI			X v	Пы		
				ons.)SF and must instead use Form 55			Yes	No		
Pa	rt III Financial Informa		OHH 5500-	SF and must instead use Form 55	υυ.					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year			
, a	Total plan assets		. 7a	(a) Beginning of Teal 478100	)	(b) Enc	i Oi i Cai	0		
-										
		'b from line 7a)		478100	)			0		
8	Income, Expenses, and Transf	,	10	(a) Amount		(b) :	Total			
a	Contributions received or recei			(4)7		()				
	(1) Employers		. 8a(1)		_					
	(2) Participants		. 8a(2)							
	(3) Others (including rollovers)	)	. 8a(3)							
b	Other income (loss)		. 8b	12604	1					
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c					12604		
d		rollovers and insurance premiums	. 8d	490704	1					
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e							
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f							
g	Other expenses		. 8g							
h	Total expenses (add lines 8d,	Be, 8f, and 8g)	. 8h				4	90704		
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				-4	78100		
j	Transfers to (from) the plan (se	ee instructions)	. 8i							

	Form 5500-SF 2010 Page <b>2-</b>					
rt IV	Plan Characteristics					
If th	ne plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2G 2J 2K 3D 2T	acteris	stic Co	des in t	the instructions:	
If th	ne plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acterist	tic Coc	les in th	he instructions:	
t V	Compliance Questions					
Dι	uring the plan year:		Yes	No	Amount	
	as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
	ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b	·	X		
١٨.	to the plan engaged by a fidelity hand?	100	X		27500	$\cap \cap$

а	here a failure to transmit to the plan any participant contributions within the time period described in FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)							
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	Χ				3	75000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X					
е	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.)	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	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	40.						
Part	vi Pension Funding Compliance	10i						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	· ·			······		Yes Yes	No 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 instruction granting the waiver							
b	Enter the minimum required contribution for this plan year			12b				
С	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 negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
Part	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?		<u></u>			X	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					X	Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plar	n(s) to					
1	3c(1) Name of plan(s):		130	c(2) Ell	V(s)	1	3c(3) F	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.	11/18/2011	LAURA SALLE
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

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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.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	rt I Annual Report	Identification Information					
For c	alendar plan year 2010 or fis	scal plan year beginning 01/01/20	011	and ending 0	4/30/2	2011	
Ат	his return/report is for:	ingle-employer plan	multiple-em	ployer plan (not multiemployer)		one-participa	nt plan
	his return/report is for:	first return/report	inal return/	report			
		an amended return/report	short plan y	ear return/report (less than 12 mor	nths)		
C C	heck box if filing under:	Form 5558	automatic e	extension		DFVC progra	m
	Mook box ii iiiiig ando	special extension (enter descrip	otion)				
Da	rt II Basic Plan Info	prmation—enter all requested infor					
W. U. T. D.	Name of plan	Thation—ener air requested into	manon		1b	Three-digit	
	IIE & BOYS 401(K) PLAN					plan number	002
	· ·				4.	(PN) •	
						Effective date o 01/01/2	008
	Plan sponsor's name and ad	ddress (employer, if for single-employ	rer plan)		2b	Employer Identi (EIN) 91-112	
4400	5 - 1ST AVE. S.				2c	Plan sponsor's 1 206-24	elephone number 8-1916
	TLE WA 98168				2d	Business code (	
3a SAMI		nd address (if same as Plan sponsor	, enler "Same"	)	3b	Administrator's 91-112	
SAIVI	<del>.</del>				3с	Administrator's 206-24	lelephone number 8-1916
A 16	the name and/or FIN of the	plan sponsor has changed since the	last return/rep	ort filed for this plan, enter the	4b	EIN	
-T !!	name, EIN, and the plan num	nber from the last return/report. Spor	nsor's name		040		····
					-	PN	
	8 8	s at the beginning of the plan year			5a	_	28
		s at the end of the plan year			5b		0
C	Total number of participants complete this item)	s with account balances as of the end	d of the plan ye	ar (defined benefit plans do not	5c		0
6a	Were all of the plan's asset	ts during the plan year invested in eli	gible assets? (	See instructions.)	•••••		X Yes No
b	Are you claiming a waiver of	of the annual examination and report	of an independ	lent qualified public accountant (IQ	PA)		⊠ Yes ∏ No
	under 29 CFR 2520.104-46	6? (See instructions on waiver eligibile either 6a or 6b, the plan cannot use	ity and condition	ns.) F and must instead use Form 55	00.	***************************************	D
Pa	rt III Financial Infor		J T OILLI COUC C	The state of the s			
7	Plan Assets and Liabilities		Let 45	(a) Beginning of Year		(b) End	of Year
- 5			7a	478100	)		0
b							
	St.	ne 7b from line 7a)		478100	)	C 1158	0
	Income, Expenses, and Tra		Balley	(a) Amount		(b) ·	Гotal
а	Contributions received or re			A did a sasinata a sas	1 2	de la	1 - 1 - 1-1
			8a(1)		- 5		
	(2) Participants		8a(2)	The state of the s			11 THE 1 ST
	(3) Others (including rollov	vers)	8a(3)	The state of the s			
b	25 7.59			12604	1		BLAN I INC.
C		(1), 8a(2), 8a(3), and 8b)					12604
d		ect rollovers and insurance premiums		490704	1		
е	Certain deemed and/or cor	rrective distributions (see instructions	) 8e	<u> </u>			
f	Administrative service prov	viders (salaries, fees, commissions)	8f	10.00			
g	Other expenses		8g				
_	Total expenses (add lines	04 0- 0f and 0a\		Zafanulii - Pilipi Zar			490704
h	Total expenses (add lines	8d, 8e, 8f, and 8g)	8h			W. 100 W.	
h i	N (50)	t line 8h from line 8c)	(40000) (10000)				-478100

	Form 5500-SF 2010 Page <b>2-</b> 1							
Par	IV Plan Characteristics			- 2				
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2G 2J 2K 3D 2T	acteris	itic Co	des in	the instru	ections		
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Co	des in	the instru	ctions		
Part	V Compliance Questions							
10	During the plan year:	.v. q.	Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х				-
С	Was the plan covered by a fidelity bond?	10c	Х				3	75000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х				
е	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.)	10e		x				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
a	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		V EV		Y
i	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	101					iai ,	Wegselned
Part				-	Line Control			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	70			167		Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						9	
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver	ith						
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Ė		P			
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 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 negative amount)		_	12d		_		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
Part	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?					X	Yes	No
0.	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					×	Yes	☐ No
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to					-sili.c
•	3c(1) Name of plan(s):		13	c(2) El	N(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	* FamaSall	11/16/11	LAURA SALLE
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