Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Signature of DFE

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

> ▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2010

					Inspection			
Part I	Annual Report Ident	tification Information						
For cale	ndar plan year 2010 or fiscal p	lan year beginning 11/01/2010		and ending 10/3	31/2011			
A This	return/report is for:	a multiemployer plan;	a multip	a multiple-employer plan; or				
		X a single-employer plan;	a DFE	(specify)				
		_	_					
B This	return/report is:	the first return/report;	the fina	I return/report;				
	•	an amended return/repor	t; a short	plan year return/report (les	ss than 12 months).			
C If the	plan is a collectively-bargaine	d plan, check here						
	k box if filing under:	Form 5558;	_	tic extension;	the DFVC program;			
D Chec	k box ii iiiiig ulidel.	special extension (enter	<u></u>	do oxionolon,	and Br vo program,			
Dowt	II Dania Dian Inform							
Part 10 North		nation—enter all requested info	rmation		1b Three digitales			
	ne of plan LME & MOHR PENSION PLA	N			1b Three-digit plan number (PN) ▶			
DENTIO	LINE & MOTHET ENGIGITY EX				1c Effective date of plan			
					10/01/1978			
		(employer, if for a single-employ	er plan)		2b Employer Identification			
`	ress should include room or so LME & MOHR INC	uite no.)		Number (EIN) 91-0861423				
DENITO	LIVIE & IVIOTIK INC				2c Sponsor's telephone			
					number			
918 NW 50TH		918 NV	V 50TH		206-682-3772 2d Business code (see			
SEATTLE, WA 98107		SEATT	SEATTLE, WA 98107					
					instructions) 238300			
Courties	. A monolity for the late or inc	annulate filing of this voture/vo	nert will be seened	l unione reconnelle cour				
	• •	complete filing of this return/re	•		ort, including accompanying schedules,			
					I belief, it is true, correct, and complete.			
SIGN	Filed with authorized/valid electronic signature.		12/27/2011	RONALD HANSEN	NSEN			
HERE	Signature of plan administ	rator	Date	Enter name of individu	al signing as plan administrator			
	Signature of plan administ	iatoi	Date	Litter flame of flatvida	ar signing as plan administrator			
SIGN								
HERE	Cianatura of ampleyor/play		Data	Enter name of individu				
	Signature of employer/plan	i sponsor	Date	Enter name of individu	al signing as employer or plan sponsor			
SIGN								
HERE								

Date

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010) v.092307.1

Enter name of individual signing as DFE

Form 5500 (2010) Page **2**

	Plan administrator's name and address (if same as plan sponsor, enter "San NHOLME & MOHR INC	ne")		Iministrator's EIN 0861423
	S NW 50TH ATTLE, WA 98107		nu	ministrator's telephone imber 6-682-3772
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for this plan, enter the name, EIN	and	4b EIN
а	Sponsor's name		4c PN	
5	Total number of participants at the beginning of the plan year		5	3
6	Number of participants as of the end of the plan year (welfare plans complet	e only lines 6a , 6b , 6c , and 6d).		_
•	Active participants		6a	2
а	Active participants		<u> </u>	2
b	Retired or separated participants receiving benefits		6b	1
С	Other retired or separated participants entitled to future benefits		6с	
d	Subtotal. Add lines 6a , 6b , and 6c		6d	3
_			60	
е	Deceased participants whose beneficiaries are receiving or are entitled to re	ceive benefits	6e	
f	Total. Add lines 6d and 6e.		6f	3
g	Number of participants with account balances as of the end of the plan year complete this item)	6g		
h	Number of participants that terminated employment during the plan year with less than 100% vested	6h		
7	Enter the total number of employers obligated to contribute to the plan (only	multiemployer plans complete this item)	7	
	If the plan provides pension benefits, enter the applicable pension feature co 3D f the plan provides welfare benefits, enter the applicable welfare feature code			
9a	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) Trust		ce contracts	
10	(4) General assets of the sponsor	(4) General assets of the sp		shad (Saa instructions)
	Check all applicable boxes in 10a and 10b to indicate which schedules are a Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) H (Financial Inform (2) X I (Financial Inform (3) A (Insurance Inform (4) C (Service Provide	nation) nation – mation) er Inform	Small Plan) nation)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) D (DFE/Participati (6) G (Financial Trans	-	
				,

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Financial Information—Small Plan

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 11/01/2010		and ending 10/31/2011	-		
A Name of plan DENHOLME & MOHR PENSION PLAN	В	Three-digit plan number (PN)	002		
C Plan sponsor's name as shown on line 2a of Form 5500	D	Employer Identification Number	(EIN)		
DENHOLME & MOHR INC		91-0861423			
Complete Schedule Lif the plan covered fewer than 100 participants as of the beginning of the	plan v	ear. You may also complete Schedu	le I if you are filing as a		

complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I | Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	597714	591420
b	Total plan liabilities	. 1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	597714	591420
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	2a(1)	7073	
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	2a(3)		
b	Noncash contributions	2b		
С	Other income	. 2c	5175	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		12248
е	Benefits paid (including direct rollovers)	. 2e	13000	
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions).	2h	5542	
i	Other expenses	. 2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		18542
k	Net income (loss) (subtract line 2j from line 2d)	. 2k		-6294
1	Transfers to (from) the plan (see instructions)	. 2I		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	_		Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
С	Real estate (other than employer real property)	3с		X	
d	Employer securities	3d		X	
	Participant loans			X	

	Schedule I (Form 5500) 2010 Page 2-			_	
	г		Yes	No	Amount
	Loans (other than to participants)	3f		X	
	Tangible personal property	3g		X	
6	art II Compliance Questions				
	During the plan year:		Yes	No	Amount
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		Х	
	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance	4b		X	
	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
	Was the plan covered by a fidelity bond?	4e		X	
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X	
	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X	
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X		
	Has the plan failed to provide any benefit when due under the plan?	41		X	
1	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
l	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	Y	es X	No .	Amount:
•	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	entify t	he plan	(s) to w	which assets or liabilities were

 5b(1) Name of plan(s)
 5b(2) EIN(s)
 5b(3) PN(s)

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500. OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Part I	Annual Report Identif	fication Information			10/31/2011
For calendar	plan year 2010 or fiscal pla	n year beginning 11/1/2		nd ending	70.
	rn/report is for:	a multiemployer plan;	a multip	ole-employer plan; or	
7 (110 1010		X a single-employer plan;	a DFE	(specify)	
B This retu	irn/report is:	the first return/report;		return/report;	1
D 11115 1010		an amended return/report;	a short	plan year return/rep	ort (less than 12 months).
	an is a collectively-bargained	plan, check here	automa	atic extension;	the DFVC program;
		special extension (enter de	70	<u></u>	
Part II	Basic Plan Informa	ation—enter all requested inform	nation	\	1b Three-digit plan
1a Name	of plan			·	number (PN) ▶ 002
DENHOLME	& MOHR PENSION PLA	AN			1c Effective date of plan 10/1/1978
(Addr	sponsor's name and address less should include room or s E & MOHR INC	s (employer, if for a single-employer suite no.)	er plan)		2b Employer Identification Number (EIN) 91-0861423 2c Sponsor's telephone
100 March 201 V (01 March 201 March					number
918 NW 50 SEATTLE	тн	.0	WA	98107-3634	(206) 682-3772 2d Business code (see instructions)
918 NW 50	TU				238300
SEATTLE	nn		WA	98107-3634	
				unloce reasonable	cause is established.
	and the second s	complete filing of this return/rep titles set forth in the instructions, I dec be electronic version of this return/rep	tare that I have examin	ed this return tepon, in	icidulity docorribarying
statements	and attachments, as well as the	ie electronic version of this returnice	Organia to bio book of it		
SIGN	y man.	- C Parson	12/19/2011	Marvin Pearson	
HERE	Signature of plan admin	istrator	Date		dividual signing as plan administrator
SIGN	V Signature of plan autility	CP	12/19/2011	Marvin Pearson	
HERE	Signature of employer/p	Signature of employer/plan sponsor			dividual signing as employer or plan sponsor
SIGN	Orginature of employees	OTION = • OTION =			
HERE	Signature of DFE		Date	Enter name of inc	dividual signing as DFE
	July later of D. E		i i	for Form 5500	Form 5500 (2010

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v.092307.1

	Form 5500 (2010)	Page 2				
3a -	Plan administrator's name and address (if same as plan sponsor, enter "Same"))	-		3b Adr	ministrator's EIN
Same					3c Adr	ministrator's telephone
					nur	mber
						1 2 12
						Ab FIN
4	If the name and/or EIN of the plan sponsor has changed since the last return/re	port filed for this	plan, ente	er the name.	EIN	4b EIN
	and the plan number from the last return/report: Sponsor's name					4c PN
а	Sponsor s name				5	3
5	Total number of participants at the beginning of the plan year	C- Ch	Co and S	d	3	
6	Number of participants as of the end of the plan year (welfare plans complete of	only lines 6a, 6b.	bc, and b	(a)		
а	Active participants		W. 700 S 45 0		6a	2
u					6b	1
b	Retired or separated participants receiving benefits	x c r - 22 - 25	ala a Tallina (SE Escillo)		35	
6	Other retired or separated participants entitled to future benefits	e manage received	11 5 124303 30 806	ociesti estra esta? (3	6c	
С						3
d	Subtotal Add lines 6a, 6b, and 6c	Section Control		xxxxxx sure remains \$15	- ou	
	Deceased participants whose beneficiaries are receiving or are entitled to rece	eive benefits		NED 000000000000000000000000000000000000	6e	
е	Deceased participants whose beneficialles are receiving or are					3
f	Total. Add lines 6d and 6e				6f	
	Number of participants with account balances as of the end of the plan year (o	only defined cont	ribution pl	ans		
g	complete this item)				6g	
				:		
h	Number of participants that terminated employment during the plan year with a less than 100% vested		you manufact	+5, is 10,000 restreet	6h	
-	Extra the total number of employers obligated to contribute to the plan (only m	nultiemployer pla	ns comple	ete this item)	7	
7 8a	If the plan provides pension benefits, enter the applicable pension feature cod	ies from the List	of Plan C	haracteristic	Codes in th	ne instructions:
3D	If the plan provides paragraphs					
00					adan in the	instructions
b	If the plan provides welfare benefits, enter the applicable welfare feature code	es from the List o	f Plan Ch	aracteristic C	odes in the	: matractions.
9a	Plan funding arrangement (check all that apply)	9b Plan	benefit ar	rangement (c	heck all the	at apply)
54	(1) Insurance	(1)		Insurance		(D) Incurrence contracts
	(2) Code section 412(e)(3) insurance contracts	(2)			tion 412(e)((3) insurance contracts
	(3) X Trust	(3)	X	Trust	ssets of the	nonnenr
	(4) General assets of the sponsor	(4)	are indica			
10	Check all applicable boxes in 10a and 10b to indicate which schedules are at	tacrieu, and, wir	ere marca	ica, cinci me	11011100	,
а	Pension Schedules	b Gen	eral Sche			
u	(1) R (Retirement Plan Information)	(1)		Н	An annual and a second	Information)
	(2) MB (Multiemployer Defined Benefit Plan and Certain Mone	y (2)	X	I		Information - Small Plan
	Purchase Plan Actuarial Information) - signed by the plan	(3)				e Information)
	actuary	(4)			The rest of the second	Provider Information)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)				ticipating Plan Information
	Information) - signed by the plan actuary	(6)		G	(Financia	Transaction Schedules)