## 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

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OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information							
For	alendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011							
Α .	This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan							
В	This return/report is: the first return/report	eturn/report						
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)				
С	Check box if filing under: Form 5558	extension		DFVC program				
	special extension (enter description	n)						
Pa	Int II Basic Plan Information—enter all requested informa	·						
	Name of plan			1b	Three-digit			
	MSW INC 401K PROFIT SHARING PLAN				plan number			
					(PN) • 001			
				1C	Effective date of plan 01/01/2004			
2a	Plan sponsor's name and address; include room or suite number (er	molover if	for a single-employer plan)	2h	Employer Identification Number			
	MSW INC		rei a emgle empleyer plany	20	(EIN) 68-0246231			
				2c Sponsor's telephone number				
2402	WEST ST THOMAS MORE WAY			509-474-9209				
	KANE, WA 99208-0000			2d Business code (see instruction				
				01	541519			
	Plan administrator's name and address (if same as plan sponsor, en MSW INC 2402 WEST S	enter "Same") ST THOMAS MORE WAY			Administrator's EIN 68-0246231			
	SPOKANE, W			3c	Administrator's telephone number			
					509-474-9209			
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN			
а	Sponsor's name			4c	PN			
5a	•			5a	20			
b	Total number of participants at the end of the plan year		5b	2′				
С	Number of participants with account balances as of the end of the pl	lan year (	defined benefit plans do not					
	complete this item)			5c	2′			
	Were all of the plan's assets during the plan year invested in eligible				X Yes   No			
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo							
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	2178686		2379576			
b	Total plan liabilities	7b	1796		6			
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	2176890		2379570			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	151343					
	(2) Participants	8a(2)	160131					
	(3) Others (including rollovers)	8a(3)	0					
b	Other income (loss)	8b	-72190					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			239284			
d	Benefits paid (including direct rollovers and insurance premiums	- 00						
	to provide benefits)	8d	36429					
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f	175					
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			36604			
i	Net income (loss) (subtract line 8h from line 8c)	8i			202680			
j	Transfers to (from) the plan (see instructions)	8j						

Form	5500-SF	2011	
⊢orm	5500-51	2011	

Part IV	Plan Characteristics
raii iv	L FIAN GNAIAGRENSIUS

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 2K 2A 3H 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	During the plan year:		Yes	No		An	ount	
	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				
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Χ				
С	Was the plan covered by a fidelity bond?	10c	Χ					200000
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		X				
	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	Х					
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	10i	X					
rt \	VI Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	X No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
а	(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 instruct	tions.						
ı	granting the waiver							
-	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	th		Day				
b	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year	th	 [	Day <b>12b</b>				
b c d	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan year  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of	th of a	 [	Day				
b c d	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year  Enter the amount contributed by the employer to the plan for this plan year  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	th of a		Day  12b  12c  12d		_ Ye		
b c d	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year	th of a		Day  12b  12c  12d		_ Ye	ar	
b c d	Cou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year.  Enter the amount contributed by the employer to the plan for this plan year.  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount).  Will the minimum funding amount reported on line 12d be met by the funding deadline?	th		12b 12c 12d	Yes	_ Ye	ar	
b c d e rt \	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year	of a		12b 12c 12d	Yes	Ye	ar	
b c d e rt \	Cou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year	of a		Day  12b  12c  12d	Yes	Ye Ye	No [	N/A
b c d e <u>rt \</u> Ba	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.  Enter the minimum required contribution for this plan year	of a		12b 12c 12d	Yes	Ye Ye	No [	N/A
b c d ert \sa	Enter the minimum required contribution for this plan year	of a	3a the co	12b 12c 12d	Yes Yes X	Ye Ye	No [	
b c d e nrt \stack	Enter the minimum required contribution for this plan year	of a	3a the co	Day  12b  12c  12d	Yes Yes X	Ye Ye	No [	N/A
b c d e rt \sa	Enter the minimum required contribution for this plan year	of a 1:	33a sthe co	Day  12b  12c  12d	Yes X	Ye Ye	No [	N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	03/21/2012	PENSION FILERS
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 6057(b) and 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information	organce with	the instructions to the Form 55	00-SF.			
For the calendar plan year 2011 or fiscal plan year beginning	01/01	/2011 and ending	1	0/01/0011		
A This return/report is for: X a single-employer plan		employer plan (not multiemployer)		2/31/2011		
B This return/report is: the first return/report				a one-partici	pant plan	
	the final ret					
an amended return/report	a short plar	year return/report (less than 12 mo	nths)			
Check box if filing under: Form 5558	automatic e	extension		DFVC progra	am	
special extension (enter description						
Part II Basic Plan Information enter all requested inf	formation.					
a Name of plan			1b	Three-digit		
CHEMSW INC 401K PROFIT SHARING PLAN				plan number		
			4 -	(PN) ▶	001	
			10	Effective date of 01/01/2004	fplan	
a Plan sponsor's name and address; include room or suite number (en CHEMSW INC	nployer, if for s	ingle-employer plan)	2h			
CHEWSW INC		, , , , , , , , , , , , , , , , , , , ,	20	Employer Identification (EIN) 68-02		
			20			
2402 WEST ST THOMAS MORE WAY			20	(509) 474-9	elephone number	
			2d		see instructions)	
S SPOKANE WA 99208-0000  Plan administrator's name and address (Measure as when				541519	occ mondetions)	
a Plan administrator's name and address (If same as plan sponsor, ent SAME	ter "Same")		3b Administrat			
			Service of the servic			
			3c Administrator's telephone number			
				rammatrator s te	elephone number	
If the name and/or EIN of the plan sponsor has changed since the last	et return/report	filed for this also and the	41.			
return/report.	filed for this plan, enter the	4b				
Sponsor's Name			4c	PN		
Total number of participants at the beginning of the plan year			5a		20	
Total number of participants at the end of the plan year			5b		21	
complete this item)		2 2	5c			
• Were all of the plan's assets during the plan year invested in eligible a	assets? (See in	structions )		W 25 No. 25	21	
Are you claiming a waiver of the annual examination and report of an	independent a	ualified public accountant (IQPA)			X Yes No	
and 23 Of R 2320, 104-40? (See Instructions on waiver eligibility and	d conditions.)				X Yes No	
If you answered "No" to either 6a or 6b, the plan cannot use Fornart III Financial Information	n 5500-SF and	must instead use Form 5500.				
Plan Assets and Liabilities		(a) Beginning of Year		(b) End o	of Year	
Total plan assets	. 7a	2,178,686			2,379,576	
Total plan liabilities	- 7b	1,796			6	
Net plan assets (subtract line 7b from line 7a)	. 7c	2,176,890			2,379,570	
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) To		
(1) Employers	90(4)	151 242				
(2) Participants	. 8a(1)	151,343				
(3) Others (including rollovers)	8a(2)	160,131				
Other income (loss)	. 8a(3)	0	-			
Total income (add lines 8e/4), 0e/0), 0. (0)	. 8b	(72,190)				
Benefits paid (including direct rollovers and insurance premiums	. 8c				239,284	
to provide benefits)	. 8d	36,429				
Certain deemed and/or corrective distributions (see instructions) .						
Administrative service providers (salaries, fees, commissions)		175				
Other expenses	. 8g	273				
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				36 604	
Net income (loss) (subtract line 8h from line 8c)					36,604	
Transfers to (from) the plan (see instructions)	Ri Ri				202,680	

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Pa	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:							
	25 26 26 2R 2A 3H 3D							
D	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes from the Lis	st of Plan Characte	ristic Co	des in	the instru	ctions:	
Pa	rt V Compliance Questions				_			
10								
а	During the plan year:  Was there a failure to transmit to the plan any posticionate and it is				Yes	No	-	Amount
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducions)	ary Correction Program	m)	10a		х		
b	were there any nonexempt transactions with any party-in-interest?	(Do not include transa	actions reported					
	on line 10a.)			. 10b		Х		
c d	Was the plan covered by a fidelity bond?			. 10c	Х			200,000
u	Did the plan have a loss, whether or not reimbursed by the plan's fir or dishonesty?	delity bond, that was c	aused by fraud			x		
е	Were any fees or commisions paid to any brokers, agents, or other			· 10d		11		
	insurance services or other organization that provides some or all o	f the benefits under th	e plan? (Soc					
f	Instructions.)			. 10e		X		
	Has the plan failed to provide any benefit when due under the plan?			· 10f		Х		
g h	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)		· 10g		Х		
- 11	If this is an individual account plan, was there a blackout period? (S. 2520.101-3.)	ee instructions and 29	CFR	401	x			
i	If 10h was answered "Yes," check the box if you either provided the	required notice or and	of the					
_	exceptions to providing the notice applied under 29 CFR 2520.101-3	3		. 10i	Х			
Par 11	VI Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirement (5500))	nts? (If "Yes," see instr	ructions and comple	ete Sche	dule S	B (Form		Yes X No
12	Is this a defined contribution plan subject to the minimum funding red	quirements of section	412 of the Code or	section	202 of	EDICAS		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	ole.)	The or the code of	Section	302 01	ENISA?		Tes ZINO
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver	amortized in this plan	year, see instruction	ns, and	enter	the date o	f the lette	r rulina
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M		Mr	onth		Day	Y	ear
b	Enter the minimum required contribution for this plan year					12b		
С	Enter the amount contributed by the employer to the plan for this pla					12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter th	e result (enter a minus	s sign to the left of a	3		120		
	negative amount)					12d		
art	Will the minimum funding amount reported on line 12d be met by the	funding deadline?				. $\square$	Yes [	No N/A
	- tan reminations and transfers of Assets							
Ja	Has a resolution to terminate the plan been adopted in any prior year If "Yes," enter the amount of any plan assets that reverted to the emp	?						Yes X No
b		The state of the s				13a		
~	Were all the plan assets distributed to participants or beneficiaries, troof the PBGC?	ansferred to another p	lan, or brought und	er the co	ontrol			
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another pl	an(s), identify the p	lan(s) to				Yes X No
1	3c(1) Name of plan(s):				13c	(2) EIN(s)		13c(3) PN(s)
						(-) = (0)		130(3) 11(3)
autio	n: A penalty for the late or incomplete filing of this return/report v	vill be accessed!						
nder	penalties of perjury and other penalties set forth in the instructions. Ld.	oclare that I have successful	alasa da terra	and the same of the same		Talled Street	2/10	
B 860 8	and signed by all elliplied actuary as well as	the electronic version	of this return/re	port, incl t. and to	uding the be	, if applica	ible, a Sc	hedule e and
net, i	Magazine Co.					- Inly	omedg	o driu
SIGN		3-20-12	Marja	5	Div	16		
HERI	- graduo or plan administrator	Date	Enter name of inc	lividual s	igning	as plan a	dministra	itor
SIGN		3-70-12	Maria	5	P	ink		
HERI	Signature of employer/plan sponsor	Date	Enter name of ind	lividual s	ignina	as emplo	yer or pla	an sponsor
							P-10	