## 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).

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2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete all entries in	n accordance wit	h the instructions to the Form 5500	O-SF.			
Pa	art I Annual Report Identification Informati	on					
For	calendar plan year 2011 or fiscal plan year beginning 01	/01/2011	and ending 1	2/31/2	011		
A	This return/report is for:	=	e-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: the first return/report	the final	return/report				
	an amended return/report	a short pl	an year return/report (less than 12 mo	onths)			
С	Check box if filing under: Form 5558	automati	c extension		DFVC progra	m	
_	special extension (enter d	escription)		ı			
De	<u> </u>	' '					
	art II Basic Plan Information—enter all requester	d information		4 6	<b>-</b> 1 11 12		
	Name of plan NER CORPORATION 401(K) PROFIT SHARING PLAN				Three-digit plan number		
DANI	NER CORPORATION 401(K) PROFIT SHARING PLAN				(PN) ▶	001	
					Effective date of	nlan	
				. •	01/01/		
	Plan sponsor's name and address; include room or suite nu INER CORPORATION	mber (employer, i	f for a single-employer plan)		Employer Identif		∍r
					(=114)		
				2C	Sponsor's telepl		
	ORAVETZ PLACE SE			24			
AUDI	URN, WA 98092			Zū	Business code (33641		is)
32	Dian administrator's name and address (if same as plan and	ones onto "Com	2"\	2h	Administrator's E		
	Plan administrator's name and address (if same as plan sponser CORPORATION 307 C	DRAVETZ PLACE		30		511N 64848	
	AUBU	JRN, WA 98092		3c	Administrator's t		ber
					253-833	3-5333	
4	If the name and/or EIN of the plan sponsor has changed sin		report filed for this plan, enter the	4b	EIN		
9	name, EIN, and the plan number from the last return/report Sponsor's name	•		4c	DNI		
	Total number of participants at the beginning of the plan ye	or			T		110
				5a			
b	Total number of participants at the end of the plan year			5b			106
С	Number of participants with account balances as of the encomplete this item)		•	5c			83
6a	Were all of the plan's assets during the plan year invested	in eligible assets?	(See instructions.)			X Yes	No
b	- , · · · · · · · · · · · · · · · · · ·						١
	under 29 CFR 2520.104-46? (See instructions on waiver e	•	•			X Yes	No
	If you answered "No" to either 6a or 6b, the plan canno	ot use Form 5500	-SF and must instead use Form 550	00.			
Pa	art III   Financial Information		1	1			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End		
а	Total plan assets	7a	1534409			1834550	
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	1534409			1834550	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		44405				
	(1) Employers	8a(1)	44165				
	(2) Participants	8a(2)	275226				
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	33184				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				352575	
d	Benefits paid (including direct rollovers and insurance prem						
	to provide benefits)	8d	28466				
е	Certain deemed and/or corrective distributions (see instruc-	tions) 8e	6395	4			
f	Administrative service providers (salaries, fees, commission	ns)	17573				
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				52434	
i	Net income (loss) (subtract line 8h from line 8c)	8i				300141	
j	Transfers to (from) the plan (see instructions)	8j					
		, v,	1				

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Form	<b>カカロロ</b>	->-	ンロコ	-

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Part IV	Plan	Charac	eteristics

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

Part	٧	Compliance Questions							
10	Durir	ng the plan year:		Yes	No		Am	ount	
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	Was	the plan covered by a fidelity bond?	10c	X					180000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	X						
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR .101-3.)	10h		X				
i		n was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
	Is this	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	No
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	If a w	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) raiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th						
		the minimum required contribution for this plan year			12b				
		the amount contributed by the employer to the plan for this plan year			12c				
	Subtr	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)	of a		12d				
е	•	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	<del>,</del> П	No	N/A
art		Plan Terminations and Transfers of Assets							
		a resolution to terminate the plan been adopted in any plan year?			,	res X	No		
		s," enter the amount of any plan assets that reverted to the employer this year		- T		<u> </u>			
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ntrol			_	
		PBGC?						Yes	X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	1				
1	3c(1)	Name of plan(s):		13	c(2) E	N(s)		13c(3)	PN(s)
Cauti	on: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.			
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned the Completed and signed by an enrolled actuary, as well as the electronic version of this returned.							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/21/2012	TED STRAUB
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 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.

OMB Nos. 1210-0110 1210-0089

### 2011

This Form is Open to Public Inspection

Fo	r calendar plan year 2011 or fiscal plan year beginning	01/01/01	11		
_		01/01/20	)11 and ending		12/31/2011
	This return/report is for:	a multiple-	employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final re	turn/report		
	an amended return/report	a short plar	n year return/report (less than 12 m	onths	)
C	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter descript	ion)			
Р	art II Basic Plan Information—enter all requested inform	nation			
1a	Name of plan			1b	Three-digit
	Danner Corporation 401(k) Profit Sharing	g Plan			plan number
					(PN) • 001
				1c	Effective date of plan
2a	Plan sponsor's name and address; include room or suite number (	employer if f	or a single ampleuer alea)		01/01/1999
	Danner Corporation	employer, ir i	or a single-employer plan)	26	Employer Identification Number (EIN) 91-1364848
				20	
	307 O			20	Sponsor's telephone number (253) 833-5333
	307 Oravetz Place SE			2d	Business code (see instructions)
	Auburn		WA 98092		336410
3a	Plan administrator's name and address (if same as plan sponsor, e ${\tt Same}$	enter "Same")		3b	Administrator's EIN
				3C	Administrator's telephone number (253) 833-5333
4	If the name and/or EIN of the plan sponsor has changed since the	last return/re	port filed for this plan, enter the	4h	EIN
а	name, EIN, and the plan number from the last return/report.  Sponsor's name				
<u>u</u>				4c	PN
b	the plant year	•••••		5a	110
С	Total number of participants at the end of the plan year		_	5b	106
	Number of participants with account balances as of the end of the complete this item)	plan year (de	fined benefit plans do not	5c	83
6a	Were all of the plan's assets during the plan year invested in eligib	le assets? (S	See instructions )		
b	Are you claiming a waiver of the annual examination and report of	an independ	ant qualified public accountant (IOF		
	dide 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condition	າຣ.)		X Yes No
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-SF	and must instead use Form 550	0.	
7	Plan Assets and Liabilities			_	
а	Total plan assets	_	(a) Beginning of Year	_	(b) End of Year
b	Total plan liabilities		1,534,409	9	1,834,550
	Net plan assets (subtract line 7b from line 7a)			_	
8	Income, Expenses, and Transfers for this Plan Year	7c	1,534,409	1	1,834,550
а	Contributions received or receivable from:		(a) Amount		(b) Total
	(1) Employers	8a(1)	44,165	5	
	(2) Participants	8a(2)	275,226	-	
	(3) Others (including rollovers)	8a(3)	2,0,22	1	
b	Other income (loss)	8b	33,184		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	33,10		252 575
d	Benefits paid (including direct rollovers and insurance premiums		Table 1 (1997)		352,575
_	to provide benefits)	8d	28,466		
e	Certain deemed and/or corrective distributions (see instructions)	8e	6,395		
f	Administrative service providers (salaries, fees, commissions)	8f	17,573		
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			52,434
İ	Net income (loss) (subtract line 8h from line 8c)	8i			300,141
J	Transfers to (from) the plan (see instructions)	8j			333,111
For P	aperwork Reduction Act Notice and OMB Control Numbers, see the instructions for I	Form 5500-SF			

Form 5500-SF 20	1	11
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Part IV	Plan Characteristics	
00 1546		

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

D	It i	the plan provides welfare benefits, enter the applicable welfare fe	eature codes from th	ne List of Plan Chara	cterist	ic Cod	les in	the instruc	tions:
Par	t V	Compliance Questions							
10	D	uring the plan year:							
а	l V	as there a failure to transmit to the plan any participant contribut 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions within the time	period described in		Yes	No		Amount
b	, v	ere there any nonexempt transactions with any party-in-interest'	? (Do not include tra	neactions reported	10a		X		
С	V	vas the plan covered by a fidelity bond?	•••••		10b		X	+	
d	D	d the plan have a loss, whether or not reimbursed by the plan's dishonesty?		10c	Х	V		180,000	
е	in	ere any fees or commissions paid to any brokers, agents, or othesurance service or other organization that provides some or all ostructions.)	er persons by an ins	surance carrier,	10d 10e	Х	X		
f	На	as the plan failed to provide any benefit when due under the plan	?			- 1			
g	Di	d the plan have any participant loans? (If "Yes," enter amount as	of year end )		10f	-+	X		
h	If t	his is an individual account plan, was there a blackout period? (\$20.101-3.)	See instructions and	120.050	10g		X		
i	11	10h was answered "Yes," check the box if you either provided the ceptions to providing the notice applied under 29 CFR 2520.101	required notice or	ana af the	10h				
Part	VI	Pension Funding Compliance			101				
11	ls t	his a defined benefit plan subject to minimum funding requirement	nts? (If "Yes," see ir	nstructions and comm	olete S	chedu	ıle SF	B (Form	
12									Yes No
	(	this a defined contribution plan subject to the minimum funding r Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica	hla \						Yes X No
а	іт а	waiver of the minimum funding standard for a prior year is being	omontine die die	lan vear see instruct	ione d	and on	stor th	no data of th	ha lawa
lf v	gra <b>/ou</b>	nting the waivercomplete lines 3. 9, and 10 of Schoolule		Month	n		Day	ie date of tr	Year
b		, of and to of schedule	IVID (FORM 5500). a	nd skip to line 13					
С	Ent	er the minimum required contribution for this plan year				. 1	2b		
		er the amount contributed by the employer to the plan for this plantact the amount in line 12c from the amount in line 12b. Enter the attive amount)					2c 2d		
е	Will	the minimum funding amount reported on line 12d be met by the	funding doublines						
Part '	VII	Plan Terminations and Transfers of Assets	runding deadline?					Yes	No N/A
13a	Has	a resolution to terminate the plan been adopted in any plan year?							
	If "Y	es," enter the amount of any plan assets that reverted to the em	nlover this year			····· <u>L</u>	Y	es X No	)
	A A G I	e all the plan assets distributed to participants on because in	_		<b>13</b> a	e cont	rol		
С	lf du	ne PBGC?  pring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)							Yes X No
		Name of plan(s):							
						13c(2	2) EIN	√(s)	<b>13c(3)</b> PN(s)
Cautio	n: A	A penalty for the late or incomplete filing of this return/repor	t will be account	unless reservable					
		alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.							ile, a Schedule nowledge and
SIGN	X	le Jar	x(1-12-11)	Ted Straub					
HERE	1	ignature of plan administrator	Date		vidual	ciani-	~	alaa sataata	
SIGN	K	2 la fini	116-812x	Enter name of indiv Ted Straub	viuual	signin	y as	pian admini	strator
HERE	5	signature of employer/plan sponsor	Date	Enter name of indiv	vidual	sianin	n as 1	employer	r nlan enones
				or mult	- wuul	orgrill!	4 ab 1	CHIDIOVEL ()	COIAD SDODSOF