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

	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/2	2011				
Α	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 r	eturn/report						
	an amended return/report	a short pla	in year return/report (less than 12 mo	onths)					
С	Check box if filing under: Form 5558	automatic	extension		DFVC program				
	special extension (enter description)	n)		!	_ , ,				
P	art II Basic Plan Information—enter all requested informa								
	Name of plan	20011		1b	Three-digit				
	SOL, INC. 401(K) PROFIT SHARING PLAN				plan number				
					(PN) ▶ 001				
				1c	Effective date of plan				
22	Plan sponsor's name and address; include room or suite number (er	mployor if	for a single employer plan)	2h	01/01/2005				
	SOL, INC.	inployer, ii	ioi a single-employer plan		Employer Identification Number (EIN) 91-2144944				
					Sponsor's telephone number				
611 \	WEST COLUMBIA ST., SUITE 1				509-542-9511				
	CO, WA 99301			2d	Business code (see instructions)				
					561720				
	Plan administrator's name and address (if same as plan sponsor, er SOL, INC. 611 WEST CO			3b	Administrator's EIN 91-2144944				
DLL	PASCO, WAS		31., 30112 1	3c	Administrator's telephone number				
					509-542-9511				
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	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 year			5a	28				
b				5b	27				
C				30	21				
	complete this item)			5c	6				
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No				
b	· , · · · · · · · · · · · · · · · · · ·				X Yes □ No				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		<u>N</u> 1es [] No				
Pa	art III Financial Information	JIIII 0000	or and mast moteda ase rorm of	.					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	7a	257494		209357				
b	Total plan liabilities	. 7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	257494		209357				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:		586						
	(1) Employers	8a(1)		_					
	(2) Participants	8a(2)	4625						
L	(3) Others (including rollovers)	8a(3)	3621						
b	Other income (loss)	8b	3021		8832				
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			0002				
u	to provide benefits)	8d	56969						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	0						
f	Administrative service providers (salaries, fees, commissions)	8f	0						
g	Other expenses	. 8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			56969				
i	Net income (loss) (subtract line 8h from line 8c)	8i			-48137				
j	Transfers to (from) the plan (see instructions)	8j							

Form 5500-SF 2011		

Part IV	Plan Characteristics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

Page **2** - 1

2A 2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

		Yes	No		Amo	ount	
During the plan year: 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		Aiii	<u>zunt</u>	
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
Was the plan covered by a fidelity bond?	10c	Χ					2580
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				
Has the plan failed to provide any benefit when due under the plan?	10f		Χ				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Χ				
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						
rt VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))						Yes	X No
						1 00	V INC
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	H
							\vdash
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver	e or sections,	ction 3	02 of l	ERISA?		Yes tter ruli	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instru	e or sections,	ction 3	02 of l	ERISA?		Yes tter ruli	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver	e or se	and e	02 of l	ERISA?		Yes tter ruli	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Mor f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	e or se	and e	nter th	ERISA?		Yes tter ruli	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Mor f you 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.	e or se	and e	nter th Day	ERISA?		Yes tter ruli	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Mor f you 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)	e or sections, oth	and e	02 of onter the Day of 12b 12c 12d	ERISA?	of the le	Yes tter ruli	Nong
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Mor f you 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 negative amount)	e or sections, oth	and e	02 of onter the Day of 12b 12c 12d	ERISA?	of the le	Yes tter ruli r	X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Morf you 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 negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	e or se	and e	12b 12c 12d	e date d	of the le	Yes tter ruli r	Nong
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Mor f you 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 negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	e or se	and e	12b 12c 12d	e date d	of the le	Yes tter ruli r	Nong
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Mor f you 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 negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? The VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	of a	and e	12b 12c 12d	e date d	of the le Yea	Yes tter rulii r	N/A
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. Mor f you 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 negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? Will the minimum funding amount reported on line 12d be met by the funding deadline? It VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	of a	and e	12b 12c 12d	e date d	of the le Yea	Yes tter ruli r	N/A
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instruganting the waiver	of a	and e	12b 12c 12d	e date of Yes Yes X	of the le_Yea	Yes tter rulii r	N/A
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver	of a	and e	12b 12c 12d	e date of Yes Yes X	of the le_Yea	Yes tter ruli r No Yes	N/A

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/02/2012	MARTIN RODRIGUEZ
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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Part | Annual Report Identification Information 12/31/2011 For calendar plan year 2011 or fiscal plan year beginning and ending a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report the final return/report B This return/report is: a short plan year return/report (less than 12 months) an amended return/report DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number DEL SOL, INC. 401(K) PROFIT SHARING PLAN 001 (PN) ▶ 1c Effective date of plan 01/01/2005 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) DEL SOL, INC. 2b Employer Identification Number 91-2144944 (FIN) 2c Sponsor's telephone number 509-542-9511 611 WEST COLUMBIA ST., SUITE 1 2d Business code (see instructions) **PASCO WA 99301** 561720 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 91-2144944 SAME 3c Administrator's telephone number 509-542-9511 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c a Sponsor's name Total number of participants at the beginning of the plan year..... 28 5a 5a 27 **b** Total number of participants at the end of the plan year. 5b C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 6 complete this item)..... Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... lf you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 257494 209357 Total plan assets 7a Total plan liabilities..... 7b 257494 209357 C Net plan assets (subtract line 7b from line 7a)...... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 586 (1) Employers 8a(1) 4625 8a(2) (2) Participants 0 8a(3) (3) Others (including rollovers)..... 3621 8b **b** Other income (loss)...... 8832 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums 56969 8d to provide benefits)..... n Certain deemed and/or corrective distributions (see instructions)... 8e n f Administrative service providers (salaries, fees, commissions)...... 85 g Other expenses..... 8g 56969 8h h Total expenses (add lines 8d, 8e, 8f, and 8g)..... -48137 Net income (loss) (subtract line 8h from line 8c)...... 8i i Transfers to (from) the plan (see instructions).....

Page	2	-	1	
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Γ	P	a	r	t	1	١	/		Plan Characteristics	ò

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

b	If the plan provides welfare benefits, enter the applicable welfare feature codes fro	om the List of Plan Charac	cterist	c Cod	es in t	he ins	truction	s:		
Part	V Compliance Questions									
10	During the plan year:			Yes	No		A	nou	nt	
а	Was there a failure to transmit to the plan any participant contributions within the 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corrections)		10a		Х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include on line 10a.)		10b		Х					
C	Was the plan covered by a fidelity bond?		10c	Х						25800
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, the or dishonesty?		10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or other persons by a insurance service or other organization that provides some or all of the benefits unstructions.)	nder the plan? (See	10e		х					
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.).		10g		Х					
_	If this is an individual account plan, was there a blackout period? (See instruction 2520.101-3.)		10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the required not exceptions to providing the notice applied under 29 CFR 2520.101-3		10i							
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," 5500))								⁄es	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of							Π,	⁄es	X 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 granting the waiver.	Mon	th							
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 55	00), and skip to line 13.		_		· · · · ·				
b	Enter the minimum required contribution for this plan year				12b	<u> </u>				
С	Enter the amount contributed by the employer to the plan for this plan year			<u> </u>	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (entengative amount)	-		L	12d	<u> </u>				7
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding dea	dline?				∐ Y	es	No		N/A
Part	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?					Yes [X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this ye	ear	1	3a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?								Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another plan(s), identify t	he pla	n(s) to)					
	I3c(1) Name of plan(s):			13	c(2) E	IN(s)		13	PN(s)	
	ion. A papelty for the late or incomplete filling of this untirent wall be an	accod unloca recession	lo oc	uce ic	octob	liebor	4	l		
	ion: A penalty for the late or incomplete filing of this return/report will be ase or penalties of perjury and other penalties set forth in the instructions, I declare tha						-		Sche	
SB c	r Schedule MB completed and signed by an enrolled actuary, as well as the electr f, it is true, correct, and complete.	onic version of this return.	repor/	t, and	to the	best c	of my kr	iowle	dge	and
610	Man + h lie - 6/13/	12 MARTIN RODE	RIGUE	Z						
SIG		Enter name of i	ndivid	ual sic	nina s	as plan	admin	strat	or	
	Succession of State definition of State St	2.10, 10,10			,,5	- 17,771				
SIG							.1	- I -		
- ner	Signature of employer/plan sponsor Date	Enter name of i	ndivid	ual siç	ining a	as emp	loyer o	r pla	1 spc	nsor