	Form 5500-SF	yee	OMB Nos. 1210-0110 1210-0089							
	Department of the Treasury Internal Revenue Service	This form is required to be file	0	2010						
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A								
Pension Benefit Guaranty Corporation Inspection										
	Part I Annual Report Identification Information									
	calendar plan year 2010 or fisca	al plan year beginning 10/01/2010			9/30/2					
	This return/report is for:			mployer plan (not multiemployer)		one-participant plan				
B	This return/report is for:	first return/report	final retur	•						
-		an amended return/report		year return/report (less than 12 mor	nths)					
C	Check box if filing under:	Form 5558		extension		DFVC program				
De	ut II Decie Dien Inform	special extension (enter description								
	Int II Basic Plan Inform	nation—enter all requested information	ation		1h	Three-digit				
	RN, INC. PENSION PLAN					plan number 002				
						(PN) ►				
					1c	Effective date of plan 09/30/1992				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-0863506				
	OX 87				2c	Plan sponsor's telephone number 509-382-4324				
	TON, WA 99328				2d	Business code (see instructions)				
3a	Plan administrator's name and RN, INC.	address (if same as Plan sponsor, e PO BOX 87	nter "Same	3")	3b	Administrator's EIN 91-0863506				
		DAYTON, W	A 99328		3c Administrator's telephone number 509-382-4324					
4 I	f the name and/or EIN of the pla	n sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b EIN					
		r from the last return/report. Sponso								
50	Total number of participants at	the beginning of the plan year			4c	PN 3				
b		the end of the plan year		5a	4					
c		th account balances as of the end of			5b					
	complete this item)				5c	4				
	•	uring the plan year invested in eligib				Yes No				
b		e annual examination and report of a See instructions on waiver eligibility a				X Yes No				
	,	er 6a or 6b, the plan cannot use Fe								
Pa	rt III Financial Informa	ation			1					
7	Plan Assets and Liabilities		-	(a) Beginning of Year	_	(b) End of Year				
a			. 7a	2038027		2086313				
b		'h from line 70)		2038027	20000					
<u> </u>	· · ·	b from line 7a)	7c		+	2086313				
o a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total				
ŭ			8a(1)	18060	30					
	(2) Participants		8a(2)							
_	(3) Others (including rollovers)		8a(3)		_					
b				61559		79619				
C L		8a(2), 8a(3), and 8b)	8c		790					
d		ollovers and insurance premiums	8d	29925	25					
е	, ,	ive distributions (see instructions)	8e							
f	Administrative service provider	s (salaries, fees, commissions)	8f							
g	Other expenses		8g	1408						
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h		313					
i		8h from line 8c)				48286				
j	Transfers to (from) the plan (se	e instructions)	8j							

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

Part 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: 2A 3D
- **b** 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: Was there a failure to transmit to the plan any participant contributions within the time period described in		Yes	No		A		
Was there a failure to transmit to the plan any participant contributions within the time period described in					Am	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)							
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
Was the plan covered by a fidelity bond?	10c	Х					200000
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				
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		Х				
Has the plan failed to provide any benefit when due under the plan?	10f		Х				
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 instructions and 29 CFR 2520.101-3.)	10h		Х				
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						
/I Pension Funding Compliance							
						Yes	No
If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- granting the waiver	ctions, th of a	and e	nter th Day 12b 12c 12d	e date (of the le	tter rul	
	<u></u>						
						Voc	X No
						165	
						1	
					L	Yes	^ No
c(1) Name of plan(s):		130	:(2) El	N(s)		13c(3)	PN(s)
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) Was the plan covered by a fidelity bond? Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonestly? 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.) Has the plan have any participant loans? (If "Yes," enter amount as of year end.). If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If oth was answerd "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. I Pension Funding Compliance s this a defined benefit plan subject to the minimum funding requirements? (If "Yes," see instructions and con 500) 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.) f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions or our completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the amount in line 12c from the amount in line 12b from the amount in line 12b from the amount in line 12b. Finter the result (enter a minus sign to the left egative amount). Will Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted during the plan year or any prior year? Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If Yes," enter the amount of any plan assets t	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b Was the plan covered by a fidelity bond? 10c Udb yas the plan covered by a fidelity bond? 10c Udb or dishonesty? 10d 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.) 10d Has the plan failed to provide any benefit when due under the plan? 10e Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3). 10h If Oneside the fits plan subject to the back if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. 10h If Yes, "complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 16 a waver of the minimum funding requirements? (If "Yes," see instructions and complete 5000). Is this a defined contribution plan subject to the plan for this plan year. Month	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). 10b Was the plan covered by a fidelity bond? 10c X Ude the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d 10d 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.) 10d 10d 10d Has the plan failed to provide any benefit when due under the plan? 10d 10d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)

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.	07/12/2012	ERIC THORN					
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					

Ferm 5509-SFER S	hort Form Annual Re	turn/R	eport of Small Employ	ee	(DMB Nos, 1210-0110 1210-0089		
Department of the Tressury		enefit Plan under sections 104 and 4065 of the Employee			2010			
Department of Lebor Employee Benefits Security Administration	Retirement Income Security Ac			or Open to Public				
	Complete all entries in accord	ance with i	he instructions to the Form 5500	-SF.		paction		
Part Annual Report Ident	ification Information		1 N 1 1 3 March 2 V			······		
For calendar plan year 2010 or fiscal pla	an year beginning 1	0/01/20			<u>)9/30/2011</u>			
A This return/report is for:	ngle-employer plan	multiple-en	ployer plan (not multiemployer)	L	one-participa	nt plan		
B This return/report is for:		final return/	•					
a a			rear return/report (less than 12 mor	iths)				
C Check box if filing under:	orm 5558	automatic extension						
<u> </u>	pecial extension (enter description		and a state of the			A		
Part II Basic Plan Informat	ion-enter all requested informa	tion		16	Three-digit			
1a Name of plan	n- [(jan numbér			
Thorn, Inc. Pension B	-tan				(PN) 🕨	002		
				1c	Effective date of	•		
	· · · · · · · · · · · · · · · · · · ·			2h	09/30/199 Employer Identi			
2a Pisn sponsor's name and address Thorn, Inc.	(employer, if for single-employer [pian)			(EIN) 91-086	3506		
55 5 m 68				2c	2c Plan sponsor's telephone number			
PO Box 87				2d	509-382-4 Business code (see instructions)		
Dayton V	VA 99328				111100	·····		
3a Plan administrator's name and add Thorn, Inc.	ress (if same as Plan sponsor, er	iter "Same")	3b Administrator's EIN 91-0863506				
PO Box 87				3c Administrator's telephone number				
4 If the name and/or EIN of the plan s	WA 99328	t return/ren	ort filed for this plan, enter the	509-382-4324 4b EIN				
name, EIN, and the plan number fro	on the last return/report. Sponso	r's name	ore med for and plots, enter the	_				
				4c	PN			
5a Total number of participants at the				5a		3		
b Total number of participants at the				<u>5b</u>				
C Total number of participants with a complete this item)	iccount balances as of the end of	the plan ye	ear (defined benefit plans do not	5c		4		
6a Were all of the plan's assets durin				, , . ,	,	X Yes No		
h Are you claiming a waiver of the a	nnual examination and report of a	an independ	fent qualified public accountant (IQ	PA)		X Yes 🛛 No		
if you answered "No" to either (a or 6b, the plan cannot use F	orm 5500-5	F and must instead use Form 55	00.				
Part III Financial Informatio								
7 Plan Assets and Liabilities			(a) Beginning of Year		(b) Eng	of Year		
a Total plan assets	(] & & & & & & & & & & & & & & & & & &	7a	203802	7		2086313		
b Total plan Ilabilities		7b			, , , ,	000011		
C Net plan assets (subtract line 7b f	rom line 7a)	7c	203802			2086313		
8 Income, Expenses, and Transfers			(a) Amount		(0)	Total		
 Contributions received or receivat (1) Employers 	Ne from:	8a(1)	1806	0				
(2) Participants		. 8a(2)						
(3) Others (including rollovers)		8a(3)		····				
b Other income (loss)			61559					
C Total income (add lines 8a(1), 8a	2), 8a(3), and 8b)	. 8c	····			79619		
d Benefits paid (including direct roll to provide benefits)		. 8d	299;	29925		1978: Angeler (1979) - Angeler (1970) - Angeler (1979)		
e Certain deemed and/or corrective			<u>80</u>					
f Administrative service providers (salaries, fees, commissions)	1				ning and an a		
g Other expenses		8g	14	18		31333		
h Total expenses (add lines 8d, 8e,			and a second second Second second second Second second	<u> </u>		48286		
Net income (loss) (subtract line 8 Tractions to (from) the plan (from)			<u>na na na na hana da sa ka</u> na kana kana kana kana kana kana ka	· · · ·		40200		
j Transfers to (from) the plan (see	MB Control Numbers, see the instructi	· 8j	1		The second second	Form 5500-SF (2010)		

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jit Na selati se Form 5500-SF 2010

Page 2-

Part IV	Plan Characteristics
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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 3D

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

Part	V Compliance Questions						
10	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? (See instructions and DOL's Voluntary Fiduclary Correction Program)	10a		х			
þ	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	105		x			
c	Was the plan covered by a fidelity bond?	10c	x			2	00000
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			
e	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		1	
f	Has the plan failed to provide any benefit when due under the plan?	10f		х			
ġ	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x			
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10n		х			
ì	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					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))	nplete	Scheo	lule SE	(Form	Ves	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ection :	30 2 of	ERISA?	Ves	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 this plan year, see instru- granting the waiver	າຫ	, and (anter th Day	e date of t	ne letter ru Year	ling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		Г	12b			
	Enter the minimum required contribution for this plan year			12c			
c d	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 lef negative amount)	tofa		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part							
	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	X No
100	If "Yes." enter the amount of any plan assets that reverted to the employer this year			13a			
b	Were all the plan assets distributed to participants or beneficiarles, transferred to another plan, or brough of the PBGC?	t unde	r the c	ontrol		Yes	No 🔀
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred, (See instructions.)	the pla	an(s) te	.			
	13c(1) Name of plan(s):		13	ic(2) E	IN(s)	13c(3	8) PN(s)
		_					
	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona	ble ca	use it	estab	lished.		
Und	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re	ะเบตา/ก	sport, i	ncludir	ig, if applic	able, a Sc knowlodg	hedule

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 Thom, dry by Eres Thom	7/6/12	ERIC THORN
HERE Signature of plan administrator	Date	Enter name of individual signing as plan administrator
the stall ber this Thorn	7/0/12	ERT.C. THORN
SIGN / /// Value of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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