Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number GLJ ENTERPRISES, INC. 401(K) P/S PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2003 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number GLJ ENTERPRISES, INC 91-1702601 (EIN) 2c Sponsor's telephone number 253-852-7608 110 CENTRAL AVE N. 2d Business code (see instructions) KENT, WA 98032-4521 541219 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 110 CENTRAL AVE N. 91-1702601 GLJ ENTERPRISES, INC. KENT, WA 98032-4521 3c Administrator's telephone number 253-852-7608 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 630751 647698 Total plan assets..... 7a 7b Total plan liabilities..... 630751 647698 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: 15848 (1) Employers 8a(1) 49550 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) -48285 **b** Other income (loss)..... 8b 17113 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 166 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 166 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 16947 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

| Form | 5500- | SF | 201 |
|------|-------|----|-----|

| Page 2 - | 1 | |
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|----------|---|--|

| Part IV | Plan | Charac | teristics |
|---------|---------|--------|-----------|
| railiv | ı Fiaii | Charac | teristics |

- 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 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:

| During the plan year: | | Yes | No | | Δm | ount | |
|---|---------------------------------------|---------|----------------------------------|-----------------------------|-----------|-------------------------|--------|
| Was there a failure to transmit to the plan any participant contributions within the time period described in | 1 | | X | | Aiii | Ount | |
| 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | ^ | | | | |
| Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | Χ | | | | |
| Was the plan covered by a fidelity bond? | 10c | Χ | | | | 1 | 0000 |
| 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 | | X | | | | |
| 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.) | 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 | | | | | | |
| t VI Pension Funding Compliance | | | | | | | |
| | | | | | | | |
| Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con | mplete | Sched | ule SE | 3 (Form | Г | 7 | |
| 5500)) | ······· | | | | | Yes | ᆜ |
| · · · · · · · · · · · · · · · · · · · | ······· | | | | | Yes Yes | X N |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc | ······· | | | | | 1 | + |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 | le or se | ction 3 | 302 of | ERISA? | of the le | Yes | X I |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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. | le or se uctions, | ction 3 | 302 of | ERISA? | of the le | Yes | X I |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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. Mo you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 | le or se uctions, nth | and e | 302 of | ERISA? | of the le | Yes | X I |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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. Mo 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. | le or se uctions, nth | and e | nter th | ERISA? | of the le | Yes | X I |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 | le or se uctions, nth t of a | and e | nter th Day | ERISA? | of the le | Yes | X I |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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. Mo 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) | le or se uctions, nth | and e | 302 of onter the Day 12b 12c 12d | ERISA? | of the k | Yes | ing |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 | le or se uctions, nth | and e | 302 of onter the Day 12b 12c 12d | ERISA? | of the k | Yes etter ru | X I |
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| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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. Mo 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 Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? | le or se uctions, nth t of a | and e | 12b 12c 12d | ERISA? | of the k | Yes etter ru | ing |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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. Mo 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 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. | le or se uctions, nth | and e | 12b 12c 12d | ERISA? | of the le | Yes etter ru | ing N |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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. Mo 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 Plan Terminations and Transfers of Assets If "Yes," enter the amount of any plan assets that reverted to the employer this year. | t of a | and e | 12b 12c 12d | ERISA? | of the le | Yes etter ru | ing N/ |
| Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc (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 | t of a | and e | 12b 12c 12d | ERISA? ne date d Yes Yes | of the le | Yes etter ru | N/ |
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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. | 07/23/2012 | GARY L. JOHNSON |
|------|---|------------|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN | Filed with authorized/valid electronic signature. | 07/23/2012 | GARY L. JOHNSON |
| 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.

2011

2011

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

| P | Part I Annual Report Identification Information | dance wi | ar the matruct | ions to the Point 55t | JU-3F. | <u> </u> |
|----------------|--|---------------|---------------------|------------------------|---------------------|----------------------------------|
| | the calendar plan year 2011 or fiscal plan year beginning | 01/0 | 1/2011 | and ending | 12 | /31/2011 |
| | This return/report is for: x a single-employer plan | | | (not multiemployer) | <u>+e</u> | 7 |
| | | | | (not mulliemployer) | L | a one-participant plan |
| 0 | | | etum/report | | | |
| | an amended return/report | a short pl | an year return/r | eport (less than 12 mo | onths) | |
| С | Check box if filing under: Form 5558 | automatic | extension | | | DFVC program |
| | special extension (enter description | 1) | | | _ | _ |
| P | art II Basic Plan Information enter all requested information | mation | | | | |
| | Name of plan | iniacioni. | ·····• | | 1b | Three-digit |
| | GLJ ENTERPRISES, INC. 401(K) P/S PLAN | | | | 1 | plan number |
| | SEE BRIDGINGS, INC. 401(K) F/S FLAN | | | | | (PN) ▶ 001 |
| | | | | | 1 | Effective date of plan |
| 2a | the state of the s | ployer, if fo | or single-employ | /er plan) | | Employer Identification Number |
| | GLJ ENTERPRISES, INC. | • | | , , | 1 | (EIN) 91-1702601 |
| | | | | | | Plan sponsor's telephone number |
| | 110 CENTRAL AVE N. | | | | | (253) 852-7608 |
| | | | | | 2d (| Business code (see instructions) |
| US | | | | | | 541219 |
| 3 a | Plan administrator's name and address (If same as plan sponsor, ent Same | er "Same" | • | | 3b / | Administrator's EIN |
| | | | | | | |
| | | | | | 3c / | Administrator's telephone number |
| | | | | | | |
| 4 | If the name and/or EIN of the plan sponsor has changed since the las | t return/rei | oort filed for this | plan, enter the | 4b E | = INI |
| 2 | name, EIN, and the plan number from the last return/report. Sponsor's Name | | | prairi, orner are | 4c F | |
| <u>а</u> 5а | | | | | <u> </u> | |
| b | Total number of participants at the end of the plan year | | | | 5a 5b | <u>5</u> |
| C | Number of participants with account balances as of the end of the pla | n vear (de | ined benefit pla | ns do not | 30 | 6 |
| _ | complete this item) | | · · · · · | · · · · · · · | 5c | 6 |
| 6a | Were all of the plan's assets during the plan year invested in eligible a | issets? (Se | ee instructions.) | | | · · · · XYes No |
| b | Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and | independe | nt qualified pub | | | |
| | If you answered "No" to either 6a or 6b, the plan cannot use Form | | | | | · · · · <u>x</u> Yes No |
| Pa | art III Financial Information | 1 3300-31 | and must mste | ad use Form 5500. | | |
| 7 | Plan Assets and Liabilities | | (a) Be | ginning of Year | T | (b) End of Your |
| а | Total plan assets | . 7a | (4) De | | + | (b) End of Year |
| b | Total plan liabilities | 7b | | 630,751 | + | 647,698 |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | | 620 751 | | |
| 3 | Income, Expenses, and Transfers for this Plan Year | | 1 | 630,751 a) Amount | | 647,698 |
| а | Contributions received or receivable from: | 2 774 | '' | a, amount | 2000 | (b) Total |
| | (1) Employers | 8a(1) | | 15,848 | 100 | |
| | (2) Participants | 8a(2) | | 49,550 | | |
| | (3) Others (including rollovers) | 8a(3) | | | | |
| b | Other income (loss) | 8b | | (48,285) | | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | 17,113 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 04 | 10.00 | 166 | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8d 8e | | 100 | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | |
| g | Other expenses | 8g | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | 166 |
| i | Transfers to (from) the plan (see instructions) | 8 | | and ones with received | | 16,947 |
| _ | | ان | | | THE PERSON NAMED IN | |

| | | Form 5500-SF 2011 | | Page 2- | | | | | |
|---------|---------------|---|--|--|------------|-------------------|------------------|--|----------------------|
| Par | t IV | Plan Characteristics | | | | | | | |
| | | olan provides pension benefits, enter the applicable pension fea | ature codes from the I | ist of Plan Character | istic (| Codes | in the | instructions | |
| | - 2 | RE 2F 2J 2K 3D clan provides welfare benefits, enter the applicable welfare feat | | | | | | | |
| Pai | rt V | Compliance Questions | | | | | ····· | | |
| 10 | | ng the plan year: | | | ***** | Yes | No | | Amount |
| а | Was | s there a failure to transmit to the plan any participant contribution | ons within the time pe | riod described in | | 1.00 | | | Amount |
| b | Wei | CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia e there any nonexempt transactions with any party-in-interest? ne 10a.) | (Do not include transa | actions reported | 10a | | x | | |
| С | | | | ł | 10b 10c | x | | | 4 000 |
| d | Did | the plan covered by a fidelity bond? | delity bond, that was o | caused by fraud | 10d | <u> </u> | x | | 1,000,0 |
| е | insu | e any fees or commisions paid to any brokers, agents, or other rance services or other organization that provides some or all o uctions.) | persons by an insura f the benefits under th | nce carrier, ne plan? (See | 10a | | х | | |
| f | | the plan failed to provide any benefit when due under the plan? | | | | | х | | |
| g | | the plan have any participant loans? (If "Yes," enter amount as | | | 10f | | x | | |
| h | If thi | s is an individual account plan, was there a blackout period? (S | ee instructions and 29 | e CER | 10g 10h | | x | | |
| i | If 10 exce | h was answered "Yes," check the box if you either provided the ptions to providing the notice applied under 29 CFR 2520.101- | required notice or on | e of the | | | | | |
| | t VI | Pension Funding Compliance | | | | | | | |
| 11 | ls th 5500 | s a defined benefit plan subject to minimum funding requirement | nts? (If "Yes," see ins | tructions and complet | e Sc | hedule | SB (| Form | Yes X No |
| 12 | (If "Y | is a defined contribution plan subject to the minimum funding re (es," complete 12a or 12b, 12c, 12d, and 12e below, as applical | quirements of section ble.) | 1 412 of the Code or s | ectio | n 302 | of EF | IISA? | . Yes 🗷 No |
| a If | gran | vaiver of the minimum funding standard for a prior year is being ting the waiver | | · · · · Month | s, an | d ente | r the Day | | etter ruling Year |
| b | Ente | r the minimum required contribution for this plan year | | | | | 12b | | |
| C | Ente | r the amount contributed by the employer to the plan for this pla | ın year | | | . Γ | 12c | | |
| d | nega | ract the amount in line 12c from the amount in line 12b. Enter the tive amount) | | | • | . [| 12d | | |
| Part | Will | he minimum funding amount reported on line 12d be met by the | e funding deadline? | | | | • | Yes | □No □N/A |
| 13a | 100000 | Plan Terminations and Transfers of Assets | | | | ··· | | | |
| ısa | | a resolution to terminate the plan been adopted in any plan yea s," enter the amount of any plan assets that reverted to the em | | | • | ٠, | • • | | Yes X No |
| b | | e all the plan assets distributed to participants or beneficiaries, to | | | • • | | 13a | | |
| С | or the | PBGC? | | | | | • • | | Yes XNo |
| 1 | | Name of plan(s): | | | | 130 | (2) EI | N(s) | 13c(3) PN(s) |
| | | | | | | | | | |
| | ··········· | | | | | | | | |
| Cautio | on: A p | penalty for the late or incomplete filing of this return/report | will be assessed uni | ess reasonable cau | se is | estab | lishe | d. | <u> </u> |
| וט טכ | Scried | ies of perjury and other penalties set forth in the instructions, I oule MB controlled actuary, as well as the correct, and complete. | declare that I have exa s the electronic versio | amined this return/rep n of this return/report, | ort, i | ncludir to the | ng, if a best | applicable, a of my knowle | Schedule edge and |
| SIG | | X Klus X Va | | [a | | ······· | | | |
| HEF | 25.00 | ghature of plan administrator | Date dwin | Gary L. Johns | | ale=' | | .1 | |
| SIG | 17 | Jaly 1 h | (12)/12 | Enter name of indivi | oual | signin | g as p | nan administ | rator |
| HEF | | ghature of employer/glan sponsor | Date | Entorname | -d | _: | | | |
| | 7 | 5 2 or ombiogen Might Shourson | Date | Enter name of indivi | dual | sıgnin | g as e | mployer or p | lan sponsor |