	P			Report of Small Employ	OMB Nos. 1210-0110 1210-0089			
	Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Em			۵	2011		
En	Department of Labor Employee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 the Internal Revenue Code (the Code).					) of This Form is Open to Public		
P	Pension Benefit Guaranty Corporation       Inspection         Inspection       Inspection							
		entification Information			<u> </u>			
-	calendar plan year 2011 or fisca				2/31/2			
	This return/report is for:	a single-employer plan the first return/report	•	employer plan (not multiemployer)		a one-partici	pant plan	
Β -	This return/report is:	eturn/report						
		an amended return/report	a short pla	an year return/report (less than 12 mo	onths)			
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	im	
		special extension (enter description	-					
		nation—enter all requested inform	ation					
	Name of plan NEY'S 401(K) PLAN				1b	Three-digit plan number		
	INET 5 401(K) PLAN					(PN)	001	
					1c	Effective date o	•	
	Plan sponsor's name and addre	ess; include room or suite number (e	employer, if	for a single-employer plan)	2b	Employer Identi (EIN) 91-06	fication Number	
					2c	Sponsor's telep 360-24		
	OX 750 TESANO, WA 98563	123 W PION MONTESAN		563	2d	Business code (see instructions) 441110		
	Plan administrator's name and NEY'S INC	address (if same as plan sponsor, e PO BOX 750			3b	Administrator's 91-06	EIN 58758	
		MONTESAN	O, WA 985	63	3c	Administrator's 360-249	telephone number 9-4431	
4		lan sponsor has changed since the	last return/i	report filed for this plan, enter the	4b	EIN		
а	name, EIN, and the plan numb Sponsor's name	er from the last return/report.			4c	PN		
	1			5a		25		
-			5b		72			
C	Number of participants with accomplete this item)	defined benefit plans do not	5c		24			
6a							X Yes No	
b								
<b>D</b> -			orm 5500-	SF and must instead use Form 550	00.			
	rt III Financial Informa	ation						
7	Plan Assets and Liabilities			(a) Beginning of Year 522163		(b) End of Year 515284		
a b				322103			515204	
b C	•	b from line 7a)		522163			515284	
8	Income, Expenses, and Transf		. 70	(a) Amount		otal		
a	Contributions received or recei					(5)	otai	
	(1) Employers		. 8a(1)					
	(2) Participants		. 8a(2)	21174	_			
	(3) Others (including rollovers)		. 8a(3)					
b				-5610	_		15504	
C		8a(2), 8a(3), and 8b)	. 8c		_	15564		
d		ollovers and insurance premiums	. 8d	19315				
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e					
f		s (salaries, fees, commissions)		3128				
g		· · · · · · · · · · · · · · · · · · ·						
h		Be, 8f, and 8g)					22443	
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				-6879	
j	Transfers to (from) the plan (se	ee instructions)	. 8j					

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## 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: 2E 2G 2J 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			
а	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		х					
b	ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported n line 10a.)			х					
С	Was the plan covered by a fidelity bond?	10c		Х					
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		Х					
е	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		3128				
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					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x					
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					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					Ye	s X No		
a If j	<ul> <li>12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes Yes (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver</li></ul>								
	negative amount)			12d		7	<u> </u>		
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A		
Part	VII Plan Terminations and Transfers of Assets			<u> </u>					
13a	<b>a</b> 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 year								
	<ul> <li>b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?</li> <li>c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to</li> </ul>								
which assets or liabilities were transferred. (See instructions.)									
13c(1) Name of plan(s):					<b>13c(2)</b> EIN(s) <b>13c(3)</b> PN(s)				
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable								
Inde	r popultion of parium, and other popultion act forth in the instructions. I dealars that I have examined this return	rn/ror	oort in	duding	a if applicat		hodulo		

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.	07/26/2012	STORMY GLICK
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		Short Form Annual Return/Report of Small Employee Benefit Plan				OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Internal Ravanus Service		This form is required to be filed under sections 104 and 4065 of				oyee	2011			
Emp	Department of Labor loyee Benefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and sections 60 of the Internal Revenue Code (the Code).				6058(a)				
Pendon Bonnfit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.							This Form is to Public Inspe			
P.	art I Annual Repo	rt Identification Information				******				
For	calendar plan year 2011 or fi		11	ar	nd ending	1	2/31/2011			
A	This return/report is for:									
в	B This return/report is: I the first return/report I the final return/report a short plan year return/report (less than 12 months)									
С					(less that	12 mont	10 gal			
v	Check box if filing under:		tic extension	on		L	DFVC program			
P	art II Basic Plan In	formation ~ enter all requested information	_							
-	Name of plan	enter al requested information			1b Thre	e-digit				
	ITNEY'S 401(K)	PLAN				number (	(PN)	01		
					1c Effec	tive date		~~		
					1000		1/1994			
	Plan sponsor's name and addre	ess; include room or sulta number (employer, if for s	ingle-employ	er plan)	2b Emp		tification Number (E	EIN)		
					2c Spor	nsor's tele	ephone number			
PO	BOX 750			-	860-2					
		WD 00563			2d Busi	ness cod	e (see instructions)			
	NTESANO	WA 98563			01	4411				
	Plan administrator's name a ME	ind address (if same as plan sponsor, enter "S	ame")		3b Adm	Inistrator	's EIN			
φm				h	3c Adm	inistrator	's telephone number			
4	the name and/or CIN of the	plan sponsor has changed since the last retur	almoad Ela	d for this	4b EIN					
		d the plan number from the last return/report.	mepor ne	o for this						
	Sponsor's name			-	4c PN					
	oponsol s name				1. 1.1					
5a	Total number of participants	s at the beginning of the plan year			5a		25			
b		s at the end of the plan year		5	5b	72				
c	Number of participants with	account balances as of the end of the plan ye	ar (defined					(Propage)		
		te this item)			5c		24			
		during the plan year invested in eligible asset					Yes	No		
b		the annual examination and report of an indep					57			
	(IQPA) under 29 CFR 2520.	104-467 (See instructions on waiver eligibility a	ind conditio	ons.)			Х Үез	U No		
D	It you answered "No" to en	ther 6a or 6b, the plan cannot use Form 550	0-SF and r	nust instea	d use For	m 5500.				
7	Plan Assets and Liabilities		12 132	(a) Beg	inning of	Year	(b) End of Ye	ear		
a			7a	(0/+0)		2163	515284			
b	and the second s			-						
c		e 7b from line 7a)		522163		515284				
8	Income, Expenses, and Tra	nsfers for this Plan Year	2. 20	(a	Amount		(b) Total			
а	Contributions received or re	ceivable from:					同一直推进的	The second second		
	(1) Employers						之后, <u>这些</u> 你的问题。	的法院等于		
					2:	1174				
	(3) Others (including rollover	S)	8a(3)			610				
	Other Income (loss)	SEE STATEMENT 1	8b	-5610						
c		), 8a(2), 8a(3), and 8b)		19315		1556 STATEMENT 2				
e		ollovers and insurance premiums to provide benefits active distributions (see instructions)		19312		DIATEMENT.	4			
f							STATEMENT	3		
9			S255261	5120						
	Total expenses (add lines 8	d, 8e, 8f, and 8g)			he had	and a starter	in a souther the second se	22443		
i		ine 8h from line 8c)		Strage (		All of the		-6879		
j_	Transfers to (from) the plan	(see instructions)	8j				States -	233.663		
For	Paperwork Reduction Act N	Notice and OMB Control Numbers, see the in	nstructions	for Form 5	500-SF.		Form 5500-	SF (2011)		
118	571 11-15-11		2					v.012611		

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## 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: 2E 2G 2J 3D

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

Pa	TV Compliance Questions								
10	During the plan year:		10 N		Yes	No	Amou	nt	
a	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 C	orrection Program.)	10a		x			
b	Were there any nonexempt transactions with any								
	transactions reported on line 10a.)			10b		x			
C	Was the plan covered by a fidelity bond?			10c		Х			
d	Did the plan have a loss, whether or not reimburse								
	was caused by fraud or dishonesty?	·····		10d		Х			
e	Were any fees or commissions paid to any broken								
	carrier, insurance service or other organization that								
	the plan? (See instructions.)			10e	X			3128	
f	Has the plan failed to provide any benefit when du	e under the plan?		10f		X			
g	Did the plan have any participant loans? (If "Yes,"	enter amount as of ye	ar end.)	10g		X		_	
h	If this is an individual account plan, was there a bla				1				
	and 29 CFR 2520.101-3.)			10h		Х	認定に確認的		
1	If 10h was answered "Yes," check the box if you e	ither provided the req	uired notice or one					Network	
Dest	of the exceptions to providing the notice applied u	nder 29 CFR 2520.10	1.3	101		Х	P. S. Barriel		
Par									
11	Is this a defined benefit plan subject to minimum fu						_	_	
12	Schedule SB (Form 5500))	<u></u>					Yes	X No	
	is this a defined contribution plan subject to the m	inimum funding requir	ements of section 412 o	f the C	ode o	r	_	_	
	section 302 of ERISA7 (If "Yes," complete 12a or 1	2b, 12c, 12d, and 12e	e below, as applicable.)				Yes	X No	
а	if a waiver of the minimum funding standard for a p	orlor year is being amo	rtized in this plan year, s	see inst	tructio	ns, ar	nd enter the date c	of the letter	
	ruling granting the walver.		Month		Day		Year		
If y	ou completed line 12a, complete lines 3, 9, and	10 of Schedule MB (F	form 5500), and skip to	line 1	3.				
b	Enter the minimum required contribution for this pla	an year				12b			
ç	Enter the amount contributed by the employer to the	he plan for this plan ye	ar			12c			
	Subtract the amount in line 12c from the amount in					1			
	the left of a negative amount)					12d			
	Will the minimum funding amount reported on line	12d be met by the fun	ding deadline?			Y	'es No	N/A	
10	VII Plan Terminations and Transfer			_					
138	Has a resolution to terminate the plan been adopte	d in any plan year?					Yes	X No	
h	f "Yes," enter the amount of any plan assets that r	everted to the employ	er this year			13a			
Ø	Were all the plan assets distributed to participants	or beneficiaries, trans	ferred to another plan, o	r broug	pht		_	_	
-	under the control of the PBGC?	•••••••••••••••••••••••••••••••••••••••					Yes	X No	
	f during this plan year, any assets or liabilities were	transferred from this	plan to another plan(s), i	identIfy	the p	lan(s)	to which assets o	r	
	abilities were transferred. (See instructions.)								
13	c(1) Name of plan(s):			1	3c(2)	EIN(s)		) PN(s)	
Caut	one A popular for the late or inter-state filling of		<del></del>						
Indet or	on: A penalty for the late or incomplete filing of	this return/report wil	be assessed unless re	asona	ble ca	use i	is established.		
ligned b	nalties of perviry and other penaltics set forth in the instructions, I d / an encoling/acturary, as well as the electronic version of this return/	report, and to the best of my	tis return/report, including, if app knowledge and ballef, it is true, o	correct, a	a Sched	uin SB c	ar Schedule MB complete	ed and	
den's S	VI - VIII I			-					
SIGN	Alerm XIACA	7-26-12	STORMY GLICH	7					
HERE					ual signing as plan administrator				
10.3					0 10				
SIGN									
- ne	Signature of employer/plan sponsor	Date	Enter name of individua	I signi	10 28	male	war or plan anon		
ended of the				a aigritt	ig as t	ampio	yer or plan sponse	Я	

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