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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	ance witi	n the instructions to the Form 55	00-SF.	
	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/2	011
Α	This return/report is for: X a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report				
	an amended return/report	a short pla	an year return/report (less than 12 r	nonths)	
С	Check box if filing under: X Form 5558	automatic	extension	Ī	DFVC program
	special extension (enter description	n)		L	_ , ,
Dr	art II Basic Plan Information—enter all requested information				
	·	ation		1h	Three-digit
	Name of plan D.C. WILLI, INC. 401(K) PLAN				plan number
D/ (V)	5 6. WILLI, INC. 16 (K) F LI W				(PN) • 001
				1c	Effective date of plan
					01/01/2005
	Plan sponsor's name and address; include room or suite number (el	mployer, if	for a single-employer plan)		Employer Identification Number
DAV	ID C. WILLI, INC.			_	(EIN) 68-0503417
				2c	Sponsor's telephone number
	3 INGRAHAM ROAD			24	360-794-6873
SINO	HOMISH, WA 98290-3622			Zu	Business code (see instructions) 238100
32	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	,")	3h	Administrator's EIN
	D C. WILLI, INC. 12613 INGRA	HAM ROA	AD		68-0503417
	SNOHOMISH	I, WA 9829	90-3622	3c	Administrator's telephone number
				4.	360-794-6873
4	If the name and/or EIN of the plan sponsor has changed since the landame, EIN, and the plan number from the last return/report.	ast return/i	report filed for this plan, enter the	4b	EIN
а	Sponsor's name			4c	PN
5a	-				21
b	Total number of participants at the end of the plan year			<u>ou</u>	
				ac	
С	Number of participants with account balances as of the end of the p complete this item)		•	. 5c	
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of a		,		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		X Yes No
- D-	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.	
Pa -	rt III Financial Information				
1	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets		261748		0
b	Total plan liabilities	7b	0		0
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	261748		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	0		
		8a(2)	0		
			0		
h	(3) Others (including rollovers)	8a(3)	1681		
b	Other income (loss)		1001		1681
ч С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1001
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	263429		
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	0		
f	Administrative service providers (salaries, fees, commissions)	. 8f	0		
g	Other expenses	. 8g	0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			263429
i	Net income (loss) (subtract line 8h from line 8c)				-261748
j	Transfers to (from) the plan (see instructions)		0		
-		, v,	1		

Form	5500.	SF.	201

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Dart IV	Dlan	Chara	otorictics
Part IV	Plan	Cnara	cteristics

- 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:

During the plan year:		Yes	No		Amour	ıt
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			-
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				50000
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		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		X			
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	ı					
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor	nplete	Sched	ula SR (I	Form		
5500))					Y	es X No
5500))						es X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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	ction 3	302 of EF	RISA?	Y	ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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. More f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	e or se	ction 3	302 of EF	RISA?	Y	ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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	302 of EF enter the Day	RISA?	Y	ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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. Moi 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.	e or se	and e	302 of EF enter the Day	RISA?	Y	es X No
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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 se	and e	12b 12c 12d	RISA?	Y	es X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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	12b 12c 12d	RISA?	Year _	ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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	nter the Day	RISA? date of Yes	Year _	ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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	nter the Day	RISA? date of Yes	Year _	ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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. Mon 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? To VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	e or se	and e	302 of ER enter the Day 12b	RISA? date of Yes	Year _	ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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. More fivou 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 of the PBGC?	e or se	and e	12b 12c 12d X Yes	RISA? date of Yes	Year _	ruling
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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. Monof you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 Denter 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 of the PBGC?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify	e or se	and e	12b 12c 12d X Yes	Yes	No	ruling N/A
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (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	302 of ER enter the Day 12b 12c 12d	Yes	No	ruling

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/26/2012	DAVID C WILLI
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	09/26/2012	DAVID C WILLI
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.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For t	he calendar plan year 2011 or fiscal plan year beginning	01/01	/2011 and ending	12	/31/2011			
A	This return/report is for:	a multiple-	employer plan (not multiemploye	r) [a one-participant plan			
В	This return/report is: the first return/report	the final re	turn/report		T = 1.11 bernehenr bren			
	an amended return/report	3	n year return/report (less than 12	months)				
c (Check box if filing under:	automatic		. топшъ) Г	7 000			
•		_	extension	L	DFVC program			
	special extension (enter description							
	art II Basic Plan Information enter all requested info	rmation.	***************************************					
Ia	Name of plan				Three-digit plan number			
	David C. Willi, Inc. 401(k) Plan				(PN) ▶ 001			
					Effective date of plan			
2a	Plan sponsor's name and address; include room or suite number (em	player if for	gingle employer plan)		01/01/2005			
	David C. Willi, Inc.	ipioyei, ii ioi	single-employer plan)		Employer Identification Number (EIN) 68-0503417			
					·			
	12613 Ingraham Road				Plan sponsor's telephone number (360) 794-6873			
	12015 Ingranam Road				Business code (see instructions)			
	Snohomish WA 98290-3622				238100			
3a	• • • • • • • • • • • • • • • • • • • •	ter "Same")	41	3b /	Administrator's EIN			
	Same		•					
				3c /	Administrator's telephone number			
4	If the name and/or EIN of the plan sponsor has changed since the las	st return/repo	rt filed for this plan, enter the	4b E	4b EIN			
а	name, EIN, and the plan number from the last return/report. Sponsor's Name			4c				
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			. 5a	21			
С	Number of participants with account balances as of the end of the pla complete this item)	an year (defin	ed benefit plans do not		0			
6a	Were all of the plan's assets during the plan year invested in eligible a	assets? (See	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	independent	qualified public accountant (IQF	•	· · · · X Yes \ \ \ \ No			
	If you answered "No" to either 6a or 6b, the plan cannot use Form	m 5500-SF a	nd must instead use Form 550	0.				
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	. 7a	261,7	18	0			
b	Total plan liabilities	. 7b		0	0			
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c	261,7	18	0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	. 8a(1)		0				
	(2) Participants	. 8a(2)		0				
	(3) Others (including rollovers)	. 8a(3)		0				
b	Other income (loss)	. 8b	1,6					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			1,681			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	263,42	29	1,001			
е	Certain deemed and/or corrective distributions (see instructions) .	. 8e		0				
f	Administrative service providers (salaries, fees, commissions)	. 8f		0				
g	Other expenses	. 8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			263,429			
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			(261,748)			
i	Transfers to (from) the plan (see instructions)	g;		0				

	Form 5500-SF 2011			-	Р	age 2-						
Part	IV Plan Characteristics					****						
	the plan provides pension benefits, enter the applicable pension feature	re	codes	from t	he Lis	of Plan Characteris	stic C	odes i	n the ir	nstructions:		A-100
b i	2E 2F 2G 2J 2K 3D the plan provides welfare benefits, enter the applicable welfare feature		adae f	rom th	o List	of Plan Characterist	ic Co	dan in	the in	ataustions:		
ω i	the plan provides wehate benefits, enter the applicable wehate readile	e C	oues i	OHI W	C LISE	or ran Characterist	.16 60	ues in	me m	suucuons.		
Pari	V Compliance Questions		·									
10	During the plan year:							Yes	No	A	mount	
а	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary						10a		x			
b	Were there any nonexempt transactions with any party-in-interest? (D						102		1			
	on line 10a.)						10b		X			
C	Was the plan covered by a fidelity bond?						10c	х				50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?								x			
_	•						10d		+	<u> </u>		
e	Were any fees or commissions paid to any brokers, agents, or other per insurance services or other organization that provides some or all of the		-						x			
	instructions.)						10e		 			***
í	Has the plan failed to provide any benefit when due under the plan?	-					10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of	-		•			10g	X.				0
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)						10h		x			
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3	equ	uired n	otice (ог опе	of the						
Part	VI Pension Funding Compliance		<u></u>				1	L	_l	I. S. C. S.		
11	Is this a defined benefit plan subject to minimum funding requirements		•			,			•		Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requ										Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	le.)										
3	If a waiver of the minimum funding standard for a prior year is being a granting the waiver											
lf y	cou completed line 12a, complete lines 3, 9, and 10 of Schedule ME						ш		uay	/	rear	
b	Enter the minimum required contribution for this plan year							. [12b			
С	Enter the amount contributed by the employer to the plan for this plan	ı ye	ear					. [12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the								12d			
_	negative amount) Will the minimum funding amount reported on line 12d be met by the							٠ _		∏Yes ∣	No	N/A
<u>e</u> Part		IUII	uing u	eadiii	er .	• • • • • •		• •	• • •			
	Has a resolution to terminate the plan been adopted in any plan year?	?									XYes	No
104	If "Yes," enter the amount of any plan assets that reverted to the emp		er this	 year	• •		•	r	13a	T		0
b	Were all the plan assets distributed to participants or beneficiaries, tra	ans	ferred	to and	other p	lan, or brought unde	er the	contr		1		-
С	of the PBGC?										XYes	No
	I3c(1) Name of plan(s):							13	3c(2) E	IN(s)	13c(3)	PN(s)
												
Cauti	on: A penalty for the late or incomplete filing of this return/report v	will	be as	sesse	ed unio	ess reasonable cau	Jse is	esta	blisher	d.	1	
Unde SB or	penalties of perjury and other penalties set forth in the instructions, I do Schedule MB completed and signed by an enrolled actuary, as well as it is true_correct, and complete.	ecl	are tha	at I ha	ve exa	mined this return/re	port, i	ncludi	ing, if a	pplicable, a S		
Sie	1 6 - 11	P	11	M	1>	David C. Wil	li					
HE	المستشف المتوانع المهام المتوانع المراب المستقل المتوانع المتوانع المتوانع المتوانع المتوانع المتوانع المتوانع	1	Date	1	-{>-	Enter name of indi		l sign	ing as i	plan administ	rator	
SIC		1						<u>.</u>	<u> </u>			
HE		1)ate			Enter name of indi	ividua	siani	ing as e	emplover or r	olan soons	or
<u> </u>											5,500	<u> </u>