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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete al	l entries in accor	rdance witl	h the instructions to the Form 5500)-SF.		•			
P	art I Annual Report Identification Ir	nformation								
For	calendar plan year 2011 or fiscal plan year beginr	ning 01/01/201	11	and ending 1	2/31/2	011				
Α	This return/report is for:	er plan	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan			
В	This return/report is:	eport	the final r	eturn/report						
	an amended re	urn/report	a short pla	an year return/report (less than 12 mo	onths)					
С	Check box if filing under: X Form 5558		automatio	extension		DFVC progra	m			
	special extension	on (enter descripti	on)							
Pa	art II Basic Plan Information—enter al	requested inform	nation							
1a	Name of plan				1b	Three-digit				
NJC	ENTERPRISES, LLC 401(K) PROFIT SHARING F	PLAN				plan number				
						(PN) ▶	001			
					1c	Effective date of				
22	Plan sponsor's name and address; include room	or suito numbor (omployer if	for a single employer plan)	2h	01/01/				
	ENTERPRISES, LLC	or suite number (e	employer, ii	ioi a single-employer plan		Employer Identif (EIN) 20-02)		
						Sponsor's telep	none number			
16 C	OMSTOCK ST					206-223				
	TTLE, WA 98109				2d	Business code (see instruction	ıs)		
						71141	0			
	Plan administrator's name and address (if same a ENTERPRISES, LLC	as plan sponsor, e		·")	3b	Administrator's E	EIN 92117			
1400	ENTERN RIGEO, LEO	SEATTLE, V			3c	Administrator's t		ber		
						206-223				
4	If the name and/or EIN of the plan sponsor has c		last return/	report filed for this plan, enter the	4b EIN					
а	name, EIN, and the plan number from the last re Sponsor's name	turn/report.			4c	PN				
	Total number of participants at the beginning of t	he plan vear			5a					
b					5b					
C					30					
	complete this item)			•	5c			•		
6a	Were all of the plan's assets during the plan year	r invested in eligib	ole assets?	(See instructions.)			X Yes	No		
b	3						Voc □	No		
	under 29 CFR 2520.104-46? (See instructions of If you answered "No" to either 6a or 6b, the p			•			X Yes	INO		
Da	art III Financial Information	ian cannot use i	01111 3300-	or and must mistead use i orm 550	<i>.</i>					
	•			()5		4) = 1	• • • • • • • • • • • • • • • • • • • •			
7	Plan Assets and Liabilities		_	(a) Beginning of Year 91769		(b) End	ot Year 94169			
a	'			91709			34103			
b				91769			94169			
_ <u>c</u>			7с			4. 7				
8 a	Income, Expenses, and Transfers for this Plan Y Contributions received or receivable from:	ear		(a) Amount		(b) T	otai			
а	(1) Employers		8a(1)	2400						
	(2) Participants		` '							
	(3) Others (including rollovers)									
b	, , , , , , , , , , , , , , , , , , , ,									
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8						2400			
d										
-	to provide benefits)		8d							
е	,									
f	Administrative service providers (salaries, fees, o	commissions)	8f		_					
g	Other expenses		8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h							
į	Net income (loss) (subtract line 8h from line 8c)						2400			
j	Transfers to (from) the plan (see instructions)		··· 8j							

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Form	5500.	SF.	2011	

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Part IV	Plan	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 2G 2J 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions						
0	During the plan year:		Yes	No		Amo	unt
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		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c		X			
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			
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			
f	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 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		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			
art	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				•	П	Yes X N
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Ħ	Yes X 1
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver						
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_	1			
b	Enter the minimum required contribution for this plan year			12b			
	Enter the amount contributed by the employer to the plan for this plan year		_	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left conegative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	o N/.
art	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X N	lo	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	ınder	the co	ntrol			Yes X 1
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to				
1	3c(1) Name of plan(s):		130	c(2) EII	N(s)	1	3c(3) PN(s
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable				-1		
Cauti	on. A penalty for the late of incomplete ming of this retainfreport will be assessed anicos reasonable	e cau	se is	establi	snea.		

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/18/2012	NICK COLLISON
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

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

Partil Annual Report Identification Information								
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011			nd en		2/31/2011			
A This return/report is for: X a single-employer plan a multiple-el			multie	mplayer)	a one-participant plan			
			t (less	than 12 month	ns)			
Check box if filing under: Form 5558 automatic e			. (,,,,,,,		DFVC program			
special extension (enter description) Part II Basic Plan Information - enter all requested information			W					
1a Name of plan			1b	Three-digit				
NJC ENTERPRISES, LLC 401(K) PROFIT SHARING	3 PL	AN		plan number (F	N) ▶ 001			
THOU DAY EMPLEMENT AND TO THE TOTAL OF THE PARTY OF THE P			1c	Effective date	of plan 1/2003			
2a Plan sponsor's name and address; include room or sulte number (employer, if for single	-employ	er plan)	2b		tification Number (EIN)			
NJC ENTERPRISES, LLC					292117			
		l			phone number			
16 COMSTOCK ST			206	-223-77	03			
			2d		(see instructions)			
SEATTLE WA 98109		1 1		7114	10			
3a Plan administrator's name and address (if same as plan sponsor, enter "Same SAME"	")		3b	Administrator's	S EIN			
			3c	Administrator's	s telephone number			
\mathbf{x}_{i} , where \mathbf{x}_{i} is the second constant \mathbf{x}_{i}								
4 If the name and/or EIN of the plan sponsor has changed since the last return/rep	oort file	d for this	4b	EIN				
plan, enter the name, EIN, and the plan number from the last return/report.								
a Sponsor's name			4c	PN				
			5a	T	2			
5a Total number of participants at the beginning of the plan year			5b		2			
b Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (JU					
rediffice of participants with account countries as a title cite of the plant of			5c		.1			
benefit plans do not complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (\$\frac{1}{2}\$)	See inci	tructions)	_	<u> </u>				
b Are you claiming a waiver of the annual examination and report of an independ	dent au	alified oub	lle ac	countant				
(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and of	conditio	ons.)			X Yes No			
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-S	F and r	nust inste	ad us	e Form 5500.				
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Be		ng of Year	(b) End of Year			
a Total plan assets	7a			91,769	94,169			
b Total plan liabilities	7b			64 56	04 160			
C Net plan assets (subtract line 7b from line 7a)		ļ		91,769	94,169			
8 Income, Expenses, and Transfers for this Plan Year	9.232.3	<u> </u>	a) Am	ount	(b) Total			
a Contributions received or receivable from:				2,400				
(1) Employers		1		2,400	Fairment and the property of the second seco			
(2) Participants					TANK TO A STATE OF THE STATE OF			
(3) Others (including rollovers)	- L	 						
b Other income (loss) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		Sel service	84.4T	ALTO HOTTA	2,400			
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)		\$24.88882.04 (6.1). A	en service It	range day on their new too. Section	The rest of the second second			
Certain deemed and/or corrective distributions (see instructions)		 						
f Administrative service providers (salaries, fees, commissions)		1						
g Other expenses								
h Total expenses (add lines 8d, 8e, 8f, and 8g)		Addien Add						
Net income (loss) (subtract line 8h from line 8c)		WEST SW	i dikup s	feet of a conf	2,400			
Transfers to (from) the plan (see instructions)								

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Par	t∜V∥ Plan Characteristics			-			
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of 2F 2G 2J 3D	of Plan	Charac	cteristi	c Codes	in the instr	uctions:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of	Pian Ci	haract	eristic	Codes i	n the instruc	ctions:
Par	tV 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		X	ĺ		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include						
	transactions reported on line 10a.)	10b		X	Í		
c	Was the plan covered by a fidelity bond?			X			
	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	l		
۰۵	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	İ			ĺ		
	the plan? (See instructions.)	10e		x	1		
•			 	X	 		AND THE PERSON NAMED IN COLUMN 1
	Has the plan failed to provide any benefit when due under the plan?	_		X			
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	108	 	-	决型发现对		PILITY PROPERTY OF
31	If this is an individual account plan, was there a blackout period? (See Instructions	10h	١.	x			
	and 29 CFR 2520.101-3.)	1011	 		Maria Salah	************	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one	40:		x	Card sar		
10-	of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			Emily Services (1)	Te-pair labour classics and	hed the College and the College
	Pension Funding Compliance			1-1-			
11	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction					Пу	X No
12	Schedule SB (Form 5500))					. Yes	hel No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412					П	- FG7
	section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		••••••			Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year,	see ins			nd enter		the letter
	ruling granting the walver. Month			у		Year	
lf y	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip t	to line	13.				
b	Enter the minimum required contribution for this plan year	•••••	•••••	12b			
C	Enter the amount contributed by the employer to the plan for this plan year			12c	<u> </u>		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign	n to					
	the left of a negative amount)		******	12d	<u> </u>		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	<u> </u>		<u>. 141</u>	/es	No	N/A
Par	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 year		.,,,,,,,	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan,	or brou	ught			_	-
	under the control of the PBGC?				,	. Yes	⊠ No
¢	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s			plan(s) to whi	ch assets or	
	liabilities were transferred. (See instructions.)						
1:	3c(1) Name of plan(s):		13c(2) EIN(s	;)	13c(3)	PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

The second section of the second section is the

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 annolised 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 HERE	Signature of plan administrator	4 1 1 4	NICK COLLISON Enter name of individual signing as plan administrator
SHAP MINISTERY	Olgitatore of pian adminion ator		
SIGN HERE			
nene (***	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

13c(1) Name of plan(s):