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 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	n the instructions to the Form 5500)-SF.					
		lentification Information								
For	calendar plan year 2009 or fisca	al plan year beginning 01/01/200	9	and ending 12	2/31/2	2009				
Α .	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	ant plan			
В .	This return/report is for:	first return/report	final retur	n/report		_				
	Ī	an amended return/report	short plan	year return/report (less than 12 mor	nths)					
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	am			
		special extension (enter description				☐ e b. e a.				
Da	ert II Racio Plan Inform	<u> </u>	•							
	art II Basic Plan Inform Name of plan	nation—enter all requested inform	ation		1h	Three-digit		-		
	MONS PAINTING, INC. 401(K)	PLAN			ID	plan number				
						(PN) ▶	001			
					1c	Effective date of				
						01/01/2	2008			
	•	ess (employer, if for single-employer	plan)		2b	Employer Ident		mber		
SYIVI	MONS PAINTING, INC.				20	(EIN) 43-197 Plan sponsor's		numbor		
1201	6 181ST ST EAST				20		7-9035	lullibei		
	ALLUP, WA 98374-9161				2d	Business code	(see instruc	ctions)		
						238300				
	Plan administrator's name and MONS PAINTING, INC.	address (if same as Plan sponsor, e 12016 181ST			3b Administrator's EIN 43-1978328					
O I IVII	MONOT AINTINO, INC.	PUYALLUP,			3c			numher		
					3c Administrator's telephone numb 253-377-9035					
	4 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 numbe	r from the last return/report. Sponso	r's name		4c PN					
5a	5a Total number of participants at the beginning of the plan year									
					5a			7		
b Total number of participants at the end of the plan year					5b			2		
C	C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)							2		
6a	, ,			(See instructions.)			X Yes	s No		
				dent qualified public accountant (IQF			□			
				ons.)			× Yes	S No		
D-			orm 5500-	SF and must instead use Form 550	00.					
	rt III Financial Informa	ation								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year			
	Total plan assets		. 7a	11882	-			8832		
b	•		. 7b	0						
<u>C</u>		'b from line 7a)	7c	11882				8832		
8	Income, Expenses, and Transf			(a) Amount		(b)	Total			
а	Contributions received or recei	vable from: 	8a(1)	156						
			8a(2)		7					
	• •)			7					
b	• • • • •		` ` `	1763						
C	` ,	8a(2), 8a(3), and 8b)	8c	1733				1919		
d		rollovers and insurance premiums								
-	to provide benefits)	•	. 8d	4969						
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e							
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f							
g	Other expenses		. 8g							
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h					4969		
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i					-3050		
j	Transfers to (from) the plan (se	ee instructions)	8i							

D (IV/	DI	O L	
Part IV	Plan	Characi	reristics

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2J 2F 3D 2E

D I	rtn	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the L	List of Plan Chara	cteris	iic Co	des in	tne instructi	ons:	
Part '	٧	Compliance Questions								
10	Dui	ring the plan year:				Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Doline 10a.)		•	10b		X			
С	C Was the plan covered by a fidelity bond?						X			
		the plan have a loss, whether or not reimbursed by the plan's fideli			10d		X			
	ins	re any fees or commissions paid to any brokers, agents, or other per curance service or other organization that provides some or all of the cructions.)	e benefits under the	plan? (See	10e	X				79
f	Has	s 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 y	year end.)		10q		X			
h	If th	nis is an individual account plan, was there a blackout period? (See	instructions and 29	O CFR	10h		X			
		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	•		10i		X			
Part \	۷I	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements:							Yes	X No
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.							_	
		waiver of the minimum funding standard for a prior year is being am nting the waiver							ne letter ru Year	-
-		completed line 12a, complete lines 3, 9, and 10 of Schedule MB	•	-		_		I		
b	Ent	er the minimum required contribution for this plan year					12b			
		er the amount contributed by the employer to the plan for this plan y					12c			
	neg	etract the amount in line 12c from the amount in line 12b. Enter the rative amount)	······			-	12d			
		the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	N/A
Part \		Plan Terminations and Transfers of Assets								
13a	Has	s a resolution to terminate the plan been adopted during the plan year	ear or any prior yea	r?				1	X Yes	No
		es," enter the amount of any plan assets that reverted to the emplo					13a			0
	of t	re all the plan assets distributed to participants or beneficiaries, tran							Yes	X No
		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	ie pla					
13	3c(1) Name of plan(s):				13	c(2) El	N(s)	13c(3)	PN(s)
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonabl	e caı	ıse is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I diedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	F	iled with authorized/valid electronic signature.	06/10/2010	TREF FARMER						
HERE	- Г	Signature of plan administrator	Date	Enter name of in	dividu	ıal sig	ning as	s plan admi	nistrator	

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

QMB Nos. 1210-0110 1210-0089

2009

	Department of Labor Retirement Income Se	curity Act of 1974	(ERISA), and	section 6058(a) of th					
Ęm		emai Revenue Co			-	This Form is Open to Public			
f	Pension Bensift Guaranty Corporation Complete all entries in					Inspection.			
P	art I Annual Report Identification Informati	OD	the inscrict	ons to the Form Sat	W-SF.				
-	the calendar plan year 2009 or fiscal plan year beginning		-01-01	and ending	20	09-12-31			
				A T. The Year Control of the Control		1			
_	This return/report is for: single-employer plan	munible-el	mpioperpian (i	not multiemployer)	L	one-participant plan			
В	This return/report is for:	final return	/report						
	an amended return/report	short plan	year return/rep	ort (less than 12 moni	ins)				
c .	Check box if filing under:	automatic	extension		. г	DFVC program			
_			0.1010101		L] Dr 40 program			
	special extension (enter des		-		,				
*	art II Basic Plan Information enter all request	ed information.	****						
1a	Name of plan					Three-digit			
	SYMMONS PAINTING, INC. 401(K) PLAN					plan number (PN) ► 001			
	,					Effective date of plan			
						2008-01-01			
2a	Plan sponsor's name and address (employer, if for single-emp	lover plan)			-	Employer Identification Number			
	SYMMONS PAINTING, INC.				"""	(EIN) 43-1978328			
	10014 1000					Plan sponsor's telephone number			
	12016 181ST ST EAST					(253) 377-9035			
us	PUYALLUP WA 98374-9161				2d (Business code (see instructions)			
3a	Plan administrator's name and address (if same as plan empk	wer enter "Some"	1	·		239300 Administrator's EIN			
	Same	ayon, emor barno	•		,	ADDITION S EIN			
					3C Administrator's telephone nu				
4	If the name and/or EIN of the plan sponsor has changed since	ort filed for this	plan, enter the	4b	EIN				
	name, EIN and the plan number from the last return. Sponsor	s Name			4c	71			
52	Total property of continuents of the business of the state of								
b	Total number of participants at the beginning of the plan year				5a	7			
c	Total number of participants at the end of the plan year. Total number of participants with account balances as of the e	, , , , , , , , , , , , , , , , , , ,		* * * * * * * * * * * * * * * * * * *	5b	2			
•	complete this item)	no or the plan year	r (delined bene	ent plans do not	5c	2			
Бa	Were all of the plan's assets during the plan year invested in e	ligible essets? (Se	e instructions			· · · · X Yes No			
b	Are you daiming a waiver of the annual examination and repo								
	under 29 CFR 2520.104-46? (See instructions on waiver eligib	sliky and conditions	i.)			X Yes Mo			
	If you answered "No" to either 6a or 6b, the plan cannot us	14 Form 5500-SF	and must inst	ead use Form 5500.					
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(e) B	eginning of Year	7	(b) End of Year			
a	Total plan assets	7a		11,882	 	· · · · · · · · · · · · · · · · · · ·			
b	Total plan liabilities	7b		11,882	-	8,832			
c									
_	Net plan assets (subtract line 7b from line 7a)	7c		11,882	+	6,832			
8	Income, Expenses, and Transfers for this Plan Year	2.739/20		a) Amount	<u> </u>	(b) Total			
а	Contributions received or receivable from: (1) Employers	8-741		156					
		3m(1)		736					
	(2) Participants	<u>8a(2)</u>							
۴	(3) Others (including rollovers)	8a(3)		·	-				
b	Other income (loss)	<u>8b</u>		1,763		2. 15 January 12 10 10 10 10 10 10 10 10 10 10 10 10 10			
Ç	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	2011년 중황스럽게	一个性質的複數形態。	2.	1,919			
d	Benefits paid (Including direct rollovers and insurance premium to provide benefits)	1			VIII (1)				
_	to provide benefits)			4,969					
ę	Certain deamed and/or corrective distributions (see instructions				_35				
Ţ	Administrative service providers (selaries, fees, commissions)	8f	··· · · · · · · · · · · · · · · · · ·			为第一章人员的证明的			
g	Other expenses	Bg			TA.	1 The second second			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	6h				4,969			
F	Net income (loss) (subject line 8h from line 8c)	81			r.	(3,050)			
i	Transfers to (from) the plan (see instructions)	8j			en partie				
-		1 -7	<u> </u>		100	1997年19日 11日 日本主新 建二氢氯化甲基甲基甲基甲基			

		Form 5500-SF (2009)	Pa	ige 2-		_			
Part	١٧	Plan Characteristics							
_		ofan provides pension benefits, enter the applicable pension feature cod 2.7 29 30 2E							
	rune	plan provides welfare benefits, enter the applicable welfare feature code	s ii fuur are chac	OI FIBIT VII BI BUIDI B		JUGS II	HACH	ISTOCUCA IS.	
Part	ŧ۷	Compliance Questions	***		-		,	· · · · · · · · · · · · · · · · · · ·	
10		ring the plan year.				Yes	No	Ar	nount
а		es there a failure to transmit to the plan any participant contribution within CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciery Com			10a		x		
þ	We	ere there any nonexempt transactions with any party-in-interest? (Do not	include transac	tions reported			x		
	gn	line 10a.)			106				
		as the plan covered by a fidelity bond?			10c		X		
ď		the plan have a loss, whether or not reimbursed by the plan's fidelity bodishonesty?			10d		х		
0		ere any fees or commisions paid to any brokers, agents, or other persons urance services or other organization that provides some or all of the be							
		tructions.)		r r r r r r	10e	×			79
f	Ha	s the plan failed to provide any benefit when due under the plan?			10f		х		
g	Фiс	the plan have any participant loans? (If "Yes," enter amount as of year	end.)		10g		x		
h		his is an individual account plan, was there a blackout period? (See inst 20.101-3.)	uctions and 29	CFR	10h		ж	A Maria Carlo	The second of th
. i		Oh was answered "Yes," check the box if you either provided the require ceptions to providing the notice applied under 29 CFR 2520.101-3			10i				
Pari	٠V	Pension Funding Compliance							
11		this a defined benefit plan subject to minimum funding requirements? (If	"Yes," see instr	uctions and comple	te Sc	:hedul	e SB (i	Form	Yes X No
if y b	you	anting the waiver completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For terms with more required contribution for this plan year	m. 5500), and s	kip to line 13.		_	12b		'ear
c		ter the amount contributed by the employer to the plan for this plan year					12c		***************************************
d	Şu	btract the amount in line 12c from the amount in line 12b. Enter the resugative amount)	lt (enter a minu			. [1 2 d		
e	W	il the minimum funding amount reported on line 12d be met by the fund	ng deadline? .					Yes [□No □N/A
Part	:VI	Plan Terminations and Transfers of Assets							······································
13a	Н	is a resolution to terminate the plan been adopted during the plan year o	r any prior year	7		نم ٠		,	X Yes No
	ıf'	Yes," enter the amount of any plan assets that reverted to the employer	this year			<u>· ·</u>	13a	İ	C
Ь		ere all the plan assets distributed to participants or beneficiaries, transfe the PBGC?	red to another;	olan, or brought und	ier th	e cont	rol		Yes X No
c	if (furing this plan year, any assets or liabilities were transferred from this paid assets or liabilities were transferred. (See instructions.)	an to another p	lan(s), identify the p	lan(s) to			
	13c(1) Name of plan(s):	· · · · · · · · · · · · · · · · · · ·			13	3c(2) E	IN(9)	13c(3) PN(s)
Caut	lon:	A penalty for the late or incomplete filing of this return/report will be	assessed uni	ess masonable ca	isto.	n est		ed.	
Unde	rpe	naities of perjury and other ponaities set forth in the instructions, I declar redule MB completed and signed by an enrolled actuary, as well as the o	e that I have ex	nined this return/r	eport	, inclu	ding, if	applicable, a	Schedule edge and
		true, correct, and complete,	1 /		,				4
SIC	3N	ETA OS TROVILLA CO	17000	1/	N	Al	2	HEERS	JUL /
	RE	Signature of puin a printer trator Dat		Enter name of ind					tretor
310	7 14	M M 1000 10	-7-2010	Pat	50	m	MA	ላ.ኝ	
	RE	Signature of employer/plan sponsor Dat		Enter name of ind	ividu	ai sigr	ing as	employer or	plan sponsor
		1							