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 accor	dance witl	h the instructions to the Form 550	0-SF.	•					
		dentification Information									
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009											
Α.	his return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan					
В	his return/report is for:	first return/report	final return/report								
		an amended return/report	short plan	n year return/report (less than 12 mor	nths)						
C	Check box if filing under:	Form 5558	automatio	extension	DFVC program						
		special extension (enter description	on)								
Pa	rt II Basic Plan Infor	mation—enter all requested inform	ation								
1a	Name of plan				1b	Three-digit					
SNEI	SON COMPANIES, INC. 401(K) PLAN				plan number					
					4.	(PN) 🕨					
					1C	Effective date of plan 09/15/1990					
2a	Plan sponsor's name and addr	ress (employer, if for single-employer	· plan)		2b	Employer Identification Number					
	SON COMPANIES, INC.	3 - 1 - 1 - 1 - 1	, ,			(EIN) 91-0541448					
					2c Plan sponsor's telephone number						
	VEST STATE STREET RO WOOLLEY, WA 98284				24	360-654-4211 Business code (see instructions)					
	,				Zu	237990					
		address (if same as Plan sponsor, e			3b	Administrator's EIN					
SNEI	SON COMPANIES, INC.	601 WEST S SEDRO WO			30	91-0541448					
					30	Administrator's telephone number 360-654-4211					
		an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN					
	name, EIN, and the plan number	er from the last return/report. Sponso	or's name		4c	PN					
5a	Total number of participants at the beginning of the plan year					67					
b		t the end of the plan year			5a 5b	67					
C	·	rith account balances as of the end o			30	O/					
	complete this item)					47					
		during the plan year invested in eligib				X Yes 📗 No					
b		he annual examination and report of (See instructions on waiver eligibility				X Yes ☐ No					
		ner 6a or 6b, the plan cannot use F									
Pa	rt III Financial Inform										
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
а	Total plan assets		. 7a	3458884	ļ.	4731695					
b	Total plan liabilities			()	0					
С	Net plan assets (subtract line	7b from line 7a)	. 7с	3458884	ļ.	4731695					
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or rece			10011							
	• • • •		` '	163145	-						
				321027	_						
	• • •	5)	, ,	(_						
b	, ,			1468753	3						
C		8a(2), 8a(3), and 8b)	. 8c			1952925					
d	, ,	rollovers and insurance premiums	8d	678847	7						
е	Certain deemed and/or correct	tive distributions (see instructions)		686	3						
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f	581							
g	Other expenses		. 8g								
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				680114					
i	Net income (loss) (subtract lin	e 8h from line 8c)	8i			1272811					
i		ee instructions)									

Dart IV	Plan Characteristics
Partiv	Fian Characteristics

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SIGN HERE Signature of plan administrator

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 2E 2J 3H 2K 2F 2G 2T

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

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art	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		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			10	000000					
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	X				49216					
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 complete Schedule SB (Form 5500))											
	(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 instructions, and enter the date of the letter ruling granting the waiver											
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b								
	Enter the minimum required contribution for this plan year											
	Enter the amount contributed by the employer to the plan for this plan year			12c								
	negative amount)			12d	Yes	П № П	N/A					
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				res	INO	IN/A					
art							<u> </u>					
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		Г			Yes	× No					
<u> </u>	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a								
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?											
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plar	n(s) to									
1	13c(1) Name of plan(s):				13c(2) EIN(s) 13c (
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.												
Jnde	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report will be assessed unless reasonable penalties of penalties of penalties and signed by an enrolled actuary, as well as the electronic version of this return/report will be assessed unless reasonable.	ırn/rep	ort, in	cludin	g, if applic	,						
belief, it is true, correct, and complete.												
SIGN	Filed with authorized/valid electronic signature. 07/02/2010 MICHAEL WOOD	DMANSEE										

Date

Date

07/02/2010

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

MICHAEL WOODMANSEE