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).

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	rdance wit	h the instructions to the Form 550	0-SF.					
		dentification Information								
For	calendar plan year 2009 or fisc	cal plan year beginning 01/01/200)9	and ending 1	2/31/2	2009				
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
В	This return/report is for:									
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)					
C	Check box if filing under:	X Form 5558	automatio	extension		DFVC program				
	-	special extension (enter descripti	on)		, _					
Pa	rt II Basic Plan Infor	mation—enter all requested inform	nation							
	Name of plan	ination of the an requested fillers	iation		1b	Three-digit				
	401(K) PROFIT SHARING PLA	AN				plan number				
						(PN) • 001				
					1c	Effective date of plan 04/01/1995				
2a	Plan sponsor's name and add	ress (employer, if for single-employer	r nlan)		2b	Employer Identification Number				
	KEY POINT DISTRIBUTING, I	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	ι ριατι)			(EIN) 91-1088720				
					2c	Plan sponsor's telephone number				
	5 59TH AVENUE N.E. NGTON, WA 98223				0-1	360-435-5737				
AILL	1010N, WA 90223				2 a	Business code (see instructions) 484110				
3a	Plan administrator's name and	d address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN				
SMO	KEY POINT DISTRIBUTING, I	NC. 17305 59TH ARLINGTON			2-	91-1088720				
			,		3C	Administrator's telephone number 360-435-5737				
		an sponsor has changed since the la		eport filed for this plan, enter the	4b	EIN				
ı	name, EIN, and the plan number	er from the last return/report. Sponse	or's name		4c PN					
5a	Total number of participants a	t the beginning of the plan year			5a					
b		at the end of the plan year			5b	93				
С	·	vith account balances as of the end c			0.5					
					5c	38				
		during the plan year invested in eligit				X Yes No				
b		he annual examination and report of (See instructions on waiver eligibility				X Yes □ No				
		her 6a or 6b, the plan cannot use F								
Pa	rt III Financial Inform		0	or and made motidae add r drin do						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
-	Total plan assets		7a	504323	3	671813				
b	Total plan access illinois									
С	·	7b from line 7a)		504323	3	671813				
8	Income, Expenses, and Trans			(a) Amount	(b) Total					
а	Contributions received or received			\(\frac{1}{2}\)		(2)				
	(1) Employers		8a(1)	7113	3					
	(2) Participants		8a(2)	52382	82					
	(3) Others (including rollovers	s)	8a(3)	800	00					
b	Other income (loss)		8b	136684	34					
С		, 8a(2), 8a(3), and 8b)	8c			196979				
d		rollovers and insurance premiums	8d	28354	4					
е		ctive distributions (see instructions)								
f		ers (salaries, fees, commissions)		1135	5					
g	Other expenses		8g							
h	·	8e, 8f, and 8g)				29489				
i		ne 8h from line 8c)				167490				
i		see instructions)								

Part IV	Plan	Charac	teristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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

D .	11 1111	plan provides wellare beliefits, effer the applicable wellare feat	ure codes from the	List of Flatt Chara	Cleris	lic Cot	ues III	uie iiisuud	MONS.			
Part	٧	Compliance Questions										
10	During the plan year:						No		Amount	t .		
а	Was there a failure to transmit to the plan any participant contributions within the time period described i 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)											
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)											
С	Wa	s the plan covered by a fidelity bond?			10c	X				100000		
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?											
	• 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.)											
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	f year end.)		10g		X					
h		s is an individual account plan, was there a blackout period? (Sec. 0.101-3.)			10h		X					
i		th was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.			10i							
Part '	VI	Pension Funding Compliance										
11	ls th 550	is a defined benefit plan subject to minimum funding requirement	s? (If "Yes," see ins	tructions and com	plete	Sched	lule SE	3 (Form	Ye	es X No		
12	ls t	nis a defined contribution plan subject to the minimum funding rec	quirements of sectio	n 412 of the Code	or se	ction 3	302 of	ERISA?	Ye	es 🛚 No		
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl	,									
		vaiver of the minimum funding standard for a prior year is being a ting the waiver.										
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M					Day		rear_			
		r the minimum required contribution for this plan year		-			12b					
С	Ente	r the amount contributed by the employer to the plan for this plan	year				12c					
d	Sub	ract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a min	us sign to the left	of a		12d					
е	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								_		
13a	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	ır?					Ye	s X No		
	If "Y	es," enter the amount of any plan assets that reverted to the emp	loyer this year				13a					
	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							es X No				
	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)											
13	13c(1) Name of plan(s):						13c(2) EIN(s)			(3) PN(s)		
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonab	le cau	ıse is	establ	ished.				
SB or	Sch	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.				,		o, , , ,	,			
SIGN	Filed with authorized/valid electronic signature. 10/01/2010 DAN WIRKKALA											
HERE	- [ndividi	dividual signing as plan administrator						

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

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Department of the Tressury Internal Revenue Service

Department of Labor

Short Form Annual Return/Report of Small Employee. Benefit Plan

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OMB Nos, 1210-0110 1210-0089

2009

	Pension Sproft Gunnels Corporation			Code (ine Code),			open to Public paction					
	Pension Sanetit Guaranty Corporation	► Complete all entries in acco	rdance w	ith the instructions to the Form 550)0-SF.	nis nis	Pection					
	artic Annual Report I	dentification Information				,	· · · · · · · · · · · · · · · · · · ·					
<u> </u>	r calendar plan year 2009 or fisc	al plan year beginning	01/01/	2009 and ending		12/31/200	9					
Α	This return/report is for:											
В	This return/report is for:	first return/report	=	urn/report		<u> </u>						
		an amended return/report		an year return/report (less than 12 mo		•						
_	Oback has tree and a	╚	-		ភពទ)							
·	Check box if filing under:	X Form 5558	اك	tic extension	DFVC program							
	special extension (anter description)											
	artili Basic Plan Infor	mation—enter all requested inform	nation									
1a	Name of plan				1b	Three-digit						
	SPD 401(k) Profit	snaring Plan			1	plan number						
						(PN)	001					
					1¢	Effective date of						
2a	Plan sponsor's name and addr	ters (employer if for single employe	s elee\			04/01/1995						
	Smokey Point Distr	ess (employer, if for single-employe ibuting, Inc.	r pian)		2b Employer Identification Number (EIN) 91-1088720							
		·				Plan sponsor's te						
	17305 59th Avenue 1	N.E.				(360)435-5	авраоле литрег 73 7					
				•	2d	Business code (s						
~	Arlington			WA 98223		484110						
3 8	Plan administrator's name and	address (if same as Plan sponsor, e	enter "San	10")	3b	Administrator's E	IN					
							## ·					
					3C	Administrator's te	lephone number					
4	If the name and/or EIN of the pla	an sponsor has changed since the la	st return/r	eport filed for this plan, enter the	4b	CINI						
	name, EIN, and the plan numbe	r from the last return/report. Sponso	or's name	sport mad tal this plant, dritter me	4b EIN							
					4c	4c PN						
					5a		103					
b	Total number of participants at	the end of the plan year	**!*!*!****		5b							
C	Total number of participants wi	ith account balances as of the end o	f the plan	Vear (defined honefit nigns do not			93					
	complete this Item)			***************************************	5c		38					
6a	Were all of the plan's assets d	luring the plan year invested in eligib	le assets?	(See Instructions.)	********		X Yes No					
þ	Are you claiming a waiver of the	te annual examination and report of	an Indone	Ab and recorded building backura and day	A .							
	Under 29 CFR 2520.104-467 (See instructions on waiver eligibility	and condi	lions,),,,,,			¥ Yes ∏ No					
P5	it III Financial Informa	ation	Orm 5500	-SF and must instead use Form 550)0,							
7	Plan Assets and Liabilities	ation	JYANG BA	1			**					
-			1000	(a) Beginning of Year		(b) End o	f Year					
		***************************************		504,32	3		671,813					
		Mariani fi fata a mariani mariani mpi mariani kata a m	. 7b									
		b from line 7a)	7c	504,32	3		671,813					
8	Income, Expenses, and Transfe		10 mg	(a) Amount		(b) To						
а	Contributions received or received				Jan 1	patentiales y on seguing						
	(1) Employers		Ba(1)	7,11	- 1 'a 11 '2.							
			8a(2)	52,38	2							
			8a(3)	80	o 1987		ED THE PER PROPERTY.					
			85	136,68	1							
		Ba(2), 8a(3), and 8b)	8¢		ie Vi	196,						
d	Denefits paid (including direct rollovers and insurance premiums											
_	to provide benefits)		. 8d	28,354	354							
		ve distributions (see Instructions)	8e _									
f		s (salaries, fees, commissions)	8f	1,135	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
9		***************************************	8g									
h	Total expenses (add lines 8d, 8	e, 8f, and 8g)	8h	Branch and Charles and Charles and Charles		SALE SALES	29,489					
Ì	Net income (loss) (subtract line	8h from line 8c)	8i		1		·····					
		e instructions)	_	the state of the s		12 1 2 2	167,490					
ł	augusta in funtili the bisti (96)	o manacaone)	8j		2000	在跨点设备 医抗结节性结节 (1986)	at a second control of					

	Form 5500-SF 2009	Page	2						
Ряг	TV Plan Characteristics	-			_		· · · · · · · · · · · · · · · · · · ·		
9a	If the plan provides pension benefits, enter the applicable pension fee	ature codes from the Lis	t of Plan Chara	octeris	tic Co	des in	the instruc	tions:	
þ	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes from the List	of Plan Chara	cteris	tic Cod	des in	the instruct	iona;	
Pari	V Compliance Questions								
10	During the plan year:				Yes	No			
	Was there a fallure 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)						 .	Amount	
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
C	Was the plan covered by a fidelity bond?			10b	x				
d	Did the plan have a loss, whether or not reimbursed by the plan's fldt or dishonesty?	elity bond, that was care	sed by fraud	10d	4	x			00,00
6		persons by an insurance	e carrier.	10e		x			
f	Has the plan falled to provide any benefit when due under the plan?						7.5		
g	Did the plan have any participant loans? (If "Yes," enter amount as o			10f		Х			
h	If this is an individual account plan, was there a blackout period? (So	e instructions and 29 Ct	_{FR}	10g		Х -			i fogský
ì	2520.101-3.)	required notice or one of	f tha	10h	_	X			
Part	Pension Funding Compliance	414184	****************	10i			Signati.	Display of the s recession of the	
11	is this a defined benefit plan subject to minimum funding requirement	ts? (If "Yes," see Instruct	lions and comp	lete S	Schedu	ıle \$B	(Form		
12	ls this a defined contribution plan subject to the minimum funding req			*******				-	X No
(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. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
þ	Enter the minimum required contribution for this plan year	*****************	F14f \ 8 F1 & c = - 4 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +	*******	. [l2b			
3	Enter the amount contributed by the employer to the plan for this plan	year	••••••		. Г	12c			,
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)			******	. []	12d		,	
e District	Will the minimum funding amount reported on line 12d be met by the f	funding deadline?	***************************************				Yes	No	N/A
art	The state of the s								
13a	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior year?						Yes	X No.
	If "Yes," enter the amount of any plan assets that reverted to the empl	lover this year				30			
.,	of the PBGC?	insferred to another plan	n, or brought un	ider th	1e con	troi		Yes	X No
	If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)	this plan to another plan	(s), identify the	plan(s) to				-
73	c(1) Name of plan(s):			13c(2) EIN(s) 13c(3			13c(3) F	PN(s)	
			ľ						
				_		· •4			
autic	n: A penalty for the late or incomplete filing of this return/report	will be assessed unles	s rossonable	ngile			had	<u></u>	
SB or S	penalties of perjury and other penalties set forth in the instructions, I d Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	foologo sheet been at						le, a Sched lowledge a	Jule nd
SIGN HERE	3	Dan	Wirkkala						
IERE	Signature of plan administrator	- 64/	er name of indiv		ginnl-		alan ada-t-	niso' - ·	
SIGN			O BION	-iwual	eiği ili	9.45	JIAN BOMIN	इत्त्वावर	
ERE	Signature of omployer/plan sponsor	Date Sente	or name of last	didus 1	е ми		nonlé		
Take.			er name of India	roual	signin	gaso	imployer of	pian spon	sor