#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Signature of DFE

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

> ▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2009

	, , , , , , , , , , , , , , , , , , , ,				Inis Form is Open to Public Inspection		
Part I	Annual Report Iden	tification Information			•		
For cale	For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009						
<b>A</b> This	return/report is for:	a multiemployer pla	n; a multip	ole-employer plan; or			
		X a single-employer p	lan; a DFE	(specify)			
			<u></u>				
<b>B</b> This	return/report is:	the first return/repor	t; the fina	I return/report;			
		an amended return/	report; a short	plan year return/report (	less than 12 months).		
<b>C</b> If the	plan is a collectively-bargaine	ed plan, check here					
<b>D</b> Chec	k box if filing under:	X Form 5558;	automa	tic extension;	the DFVC program;		
2 000	voxg uuo	special extension (e					
Part	II Rasic Plan Inform	nation—enter all requested	. ,				
	ne of plan	Criter an requested	a information		<b>1b</b> Three-digit plan		
	R INDUSTRIES LTD. 401(K) A	ND PROFIT SHARING PLA	AN		number (PN) ▶ 001		
					<b>1c</b> Effective date of plan 01/01/1989		
	sponsor's name and address		nployer plan)		2b Employer Identification		
`	ress should include room or s	uite no.)			Number (EIN) 91-1057082		
KAINIEI	R INDUSTRIES, LTD.				<b>2c</b> Sponsor's telephone		
					number		
18375 O	LYMPIC AVE. SOUTH	15	3375 OLYMPIC AVE. SOU	TH	425-981-1221		
	A, WA 98188-4724		JKWILA, WA 98188-4724		2d Business code (see instructions)		
					339900		
Caution	: A penalty for the late or inc	complete filing of this retu	rn/report will be assessed	d unless reasonable ca	use is established.		
	. , ,		· · · · · · · · · · · · · · · · · · ·		eport, including accompanying schedules,		
stateme	nts and attacnments, as well a	is the electronic version of th	is return/report, and to the	best of my knowledge a	nd belief, it is true, correct, and complete.		
SICN	Filed with authorized/valid ele	octronic signature	10/11/2010	ANDREW KING			
SIGN HERE	i lieu with authorized/valid ele	etronic signature.	10/11/2010	ANDREW KING			
	Signature of plan adminis	trator	Date	Enter name of indivi	dual signing as plan administrator		
SIGN HERE							
	Signature of employer/pla	n sponsor	Date	Enter name of indivi	dual signing as employer or plan sponsor		
SIGN HERE							

Date

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009) v.092307.1

Enter name of individual signing as DFE

	Form 5500 (2009)	Page <b>2</b>		
	Plan administrator's name and address (if same as plan sponsor, enter "Same" INIER INDUSTRIES, LTD.			dministrator's EIN
183	R75 OLYMPIC AVE. SOUTH KWILA, WA 98188-4724		3c Ad	Iministrator's telephone Imber 5-981-1221
4	If the name and/or EIN of the plan sponsor has changed since the last return/re the plan number from the last return/report:	eport filed for this plan, enter the name, EIN	and	4b EIN
а	Sponsor's name			4c PN
5	Total number of participants at the beginning of the plan year		5	143
6	Number of participants as of the end of the plan year (welfare plans complete of	only lines 6a, 6b, 6c, and 6d).		
а	Active participants		6a	115
b	Retired or separated participants receiving benefits		6b	0
			6c	25
	Other retired or separated participants entitled to future benefits			
a	Subtotal. Add lines 6a, 6b, and 6c		6d	140
е	Deceased participants whose beneficiaries are receiving or are entitled to receive	ive benefits	6e	0
f	Total. Add lines 6d and 6e		6f	140
g	Number of participants with account balances as of the end of the plan year (or complete this item)		6g	133
h	Number of participants that terminated employment during the plan year with a less than 100% vested		6h	13
7	Enter the total number of employers obligated to contribute to the plan (only m		7	
	If the plan provides pension benefits, enter the applicable pension feature code 2E 2F 2G 2J 2K 2T 3D 3H  f the plan provides welfare benefits, enter the applicable welfare feature codes for the plan provides welfare benefits.			
10	(1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor  Check all applicable boxes in 10a and 10b to indicate which schedules are attached	_	insurand oonsor	ce contracts
а	Pension Schedules  (1) R (Retirement Plan Information)	b General Schedules  (1) H (Financial Inform	nation)	

(2)

(3)

(4)

(5)

(6)

I (Financial Information – Small Plan)

**G** (Financial Transaction Schedules)

C (Service Provider Information)D (DFE/Participating Plan Information)

A (Insurance Information)

(2)

(3)

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

## SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation This schedule is required to be filed under section 104 of the Employee

**Service Provider Information** 

Retirement Income Security Act of 1974 (ERISA).

• File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009	and ending 12/31/2009	9
A Name of plan	<b>B</b> Three-digit	
RAINIER INDUSTRIES LTD. 401(K) AND PROFIT SHARING PLAN	plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification N	umbor (EINI)
RAINIER INDUSTRIES, LTD.	, ,	uniber (EIN)
RAINIER INDUSTRIES, ETD.	91-1057082	
Part I Service Provider Information (see instructions)	<b>'</b>	
You must complete this Part, in accordance with the instructions, to report the information more in total compensation (i.e., money or anything else of monetary value) in plan during the plan year. If a person received <b>only</b> eligible indirect compensation answer line 1 but are not required to include that person when completing the rem	connection with services rendered to the particles of the particles of the required to the required the required to the requir	plan or the person's position with the
1 Information on Persons Receiving Only Eligible Indirect Con	npensation	
a Check "Yes" or "No" to indicate whether you are excluding a person from the remaindirect compensation for which the plan received the required disclosures (see in		
b If you answered line 1a "Yes," enter the name and EIN or address of each person received only eligible indirect compensation. Complete as many entries as needed.		e service providers who
(b) Enter name and EIN or address of person who provide	ed you disclosures on eligible indirect con	npensation
(b) Enter name and EIN or address of person who provide	led you disclosure on eligible indirect com	pensation
(b) Enter name and EIN or address of person who provide	ed vou disclosures on eligible indirect com	npensation
(,,	,	1
(b) Enter name and EIN or address of person who provide	ed you disclosures on eligible indirect com	npensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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answered	f "yes" to line 1a above	e, complete as many e	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in to	otal compensation
		(	a) Enter name and EIN or	address (see instructions)		
FIDELITY I	NVESTMENTS INSTI	TUTIONAL		<u> </u>		
04-2647786	6					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	RECORDKEEPER	8325	Yes No 🛚	Yes No		Yes No
	1	(	a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)  Yes No	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?  Yes No	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?  Yes No
1						
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g)  Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No	(f). If none, enter -0	Yes No

Page <b>4-</b> 1	Page	4-	1
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(a) Enter name and EIN or address (see instructions)							
(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a	
	organization, or person known to be	by the plan. If none, enter -0	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or	
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element	estimated amount?	
					(f). If none, enter -0		
			Yes No	Yes No		Yes 📗 No 📗	
		(	a) Enter name and EIN or	address (see instructions)			
(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a	
( )		by the plan. If none, enter -0	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or	
	a party-in-interest	Citici o .	sponsor)	disclosures?	compensation for which you answered "Yes" to element		
					(f). If none, enter -0		
			Yes No	Yes No		Yes   No	
			->-				
		(	a) Enter name and EIN or	address (see instructions)			
(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a	
, ,	organization, or person known to be	by the plan. If none, enter -0	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or	
	a party-in-interest	0.1.01	sponsor)	disclosures?	compensation for which you answered "Yes" to element		
					(f). If none, enter -0		
			Yes   No	Yes No		Yes   No	

Schedule	C	(Form	5500)	2009
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Page <b>5-</b>	1
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### Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

many entiries as needed to report the required information for each source.		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(a) Describe the indirect	compensation, including any
(a) Enter name and Env (address) of source of maneer compensation	formula used to determine	the service provider's eligibility the indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.

Page <b>6-</b>	1
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Part II Service Providers Who Fail or Refuse to Provide Information						
4 Provide, to the extent possible, the following information for earthis Schedule.	ch service provide	r who failed or refused to provide the information necessary to complete				
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide				
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide				
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide				
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide				
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide				
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide				

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)  (complete as many entries as needed)				
а	Name:	<b>b</b> EIN:		
С	Position:			
d	Address:	e Telephone:		
Ex	xplanation:			
а	Name:	<b>b</b> EIN:		
C	Position:	<b>4</b> 2		
d	Address:	e Telephone:		
Ex	xplanation:			
а	Name:	<b>b</b> EIN:		
C	Position:	D EIII.		
d	Address:	e Telephone:		
Ex	xplanation:			
а	Name:	<b>b</b> EIN;		
C	Position:	D LIN,		
d	Address:	<b>e</b> Telephone:		
	Address.	• relephone.		
Ex	xplanation:			
а	Name:	<b>b</b> EIN;		
C	Position:			
d	Address:	e Telephone:		
Ex	xplanation:			

### **SCHEDULE H** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

#### **Financial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2009

This Form is Open to Public

Pension Benefit Guaranty Corporation  Pension Benefit Guaranty Corporation				Inspection			
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009		and ending 12/	31/2009				
A Name of plan RAINIER INDUSTRIES LTD. 401(K) AND PROFIT SHARING PLAN		B Three-plan n	-digit umber (PN)	•	001		
C Diagram and the control of the con		D ====lav		ina Nivaniana (I			
C Plan sponsor's name as shown on line 2a of Form 5500 RAINIER INDUSTRIES, LTD.		<b>D</b> Employ	er identilicat	ion Number (E	IIN)		
NAMER INDOOTRIES, ETD.		91-1057	7082				
Part I Asset and Liability Statement							
1 Current value of plan assets and liabilities at the beginning and end of the plathe value of the plan's interest in a commingled fund containing the assets of lines 1c(9) through 1c(14). Do not enter the value of that portion of an insural benefit at a future date. Round off amounts to the nearest dollar. MTIAs, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. S	more than one pace contract which CCTs, PSAs, and	plan on a line-by-line b ch guarantees, during t	asis unless t this plan yea	he value is rep r, to pay a spe	portable on ecific dollar		
Assets		(a) Beginning of Y	ear	<b>(b)</b> End	of Year		
a Total noninterest-bearing cash	1a						
<b>b</b> Receivables (less allowance for doubtful accounts):							
(1) Employer contributions	1b(1)						
(2) Participant contributions	1b(2)						
(3) Other	1b(3)						
C General investments:  (1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		170771		177612		
(2) U.S. Government securities	1c(2)						
(3) Corporate debt instruments (other than employer securities):							
(A) Preferred	1c(3)(A)						
(B) All other	1c(3)(B)						
(4) Corporate stocks (other than employer securities):							
(A) Preferred	1c(4)(A)						
(B) Common	1c(4)(B)						
(5) Partnership/joint venture interests	1c(5)						
(6) Real estate (other than employer real property)	1c(6)						
(7) Loans (other than to participants)	1c(7)						
(8) Participant loans	1c(8)						
(9) Value of interest in common/collective trusts	1c(9)						
(10) Value of interest in pooled separate accounts	1c(10)						
(11) Value of interest in master trust investment accounts	1c(11)						
(12) Value of interest in 103-12 investment entities	1c(12)						
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		2199996		3065448		

1c(14)

1c(15)

(14) Value of funds held in insurance company general account (unallocated

(15) Other.....

contracts).....

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	2370767	3243060
	Liabilities		·	
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets		•	
I	Net assets (subtract line 1k from line 1f)	11	2370767	3243060

### Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3447	
(B) Participants	2a(1)(B)	302652	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		306099
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1076	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1076
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	59100	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		59100
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(	10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		657983
С	Other income	2c		
d	Total income. Add all <b>income</b> amounts in column (b) and enter total	2d		1024258
	Expenses			
е	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	143632	
	(2) To insurance carriers for the provision of benefits	2e(2)		
	(3) Other	2e(3)		
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		143632
f	Corrective distributions (see instructions)	2f		
	Certain deemed distributions of participant loans (see instructions)	2g		
	Interest expense	2h		
	Administrative expenses: (1) Professional fees	2i(1)		
•	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)	8333	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	0000	8333
_	, , , , ,	2j		151965
J	Total expenses. Add all <b>expense</b> amounts in column (b) and enter total <b>Net Income and Reconciliation</b>	-,		
l.	The state of the s	2k		872293
_	Net income (loss). Subtract line 2j from line 2d	ZR		012200
	Transfers of assets:	21/4)		
	(1) To this plan	21(1)		
	(2) From this plan	21(2)		
Pa	rt III Accountant's Opinion			
	Complete lines 3a through 3c if the opinion of an independent qualified public actitached.	ccountant is	attached to this Form 5500. Comp	plete line 3d if an opinion is not
аτ	The attached opinion of an independent qualified public accountant for this plan	is (see instr	ructions):	
	(1) Unqualified (2) Qualified (3) Disclaimer (4)	Adverse		
<b>b</b> [	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-	8 and/or 10	3-12(d)?	X Yes No
CE	Enter the name and EIN of the accountant (or accounting firm) below:			
	(1) Name: FARRELL & CO., PS		(2) EIN: 91-1582493	
<b>d</b> T	The opinion of an independent qualified public accountant is <b>not attached</b> beca			
	(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attach	ned to the ne	ext Form 5500 pursuant to 29 CFF	₹ 2520.104-50.

Par	t IV	Compliance Questions					
4		and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 2 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g,	4h, 4k, 4	m, 4n, or 5	j.	
	During	the plan year:		Yes	No	Am	ount
а	period	here a failure to transmit to the plan any participant contributions within the time described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures ally corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b	close o	any loans by the plan or fixed income obligations due the plan in default as of the of the plan year or classified during the year as uncollectible? Disregard participant loans ed by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is ed.)	4b		X		
С	Were	any leases to which the plan was a party in default or classified during the year as ectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	reporte	there any nonexempt transactions with any party-in-interest? (Do not include transactions ed on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is ed.)	4d		X		
_		<b>,</b>		Χ			500000
e f	Did the	his plan covered by a fidelity bond?e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused ud or dishonesty?	4e 4f		X		000000
g	Did the	e plan hold any assets whose current value was neither readily determinable on an ished market nor set by an independent third party appraiser?	4g		X		
h		e plan receive any noncash contributions whose value was neither readily ninable on an established market nor set by an independent third party appraiser?	4h		X		
i		e plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, ee instructions for format requirements.)	411 4i	X			
j	value	any plan transactions or series of transactions in excess of 5% of the current of plan assets? (Attach schedule of transactions if "Yes" is checked, and structions for format requirements.)	4j		X		
k	Were	all the plan assets either distributed to participants or beneficiaries, transferred to another or brought under the control of the PBGC?	4k		X		
I	Has th	ne plan failed to provide any benefit when due under the plan?	41		X		
m		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	4m		X		
n		was answered "Yes," check the "Yes" box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X		
5a		resolution to terminate the plan been adopted during the plan year or any prior plan year? enter the amount of any plan assets that reverted to the employer this year	Yes	× No	Amoun	ıt:	
5b		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s) erred. (See instructions.)	, identi	fy the pla	ın(s) to wh	ich assets or lia	bilities were
	5b(1)	Name of plan(s)			<b>5b(2)</b> EIN	(s)	<b>5b(3)</b> PN(s)

## SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

### **Retirement Plan Information**

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For	r calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and e	endin	3	12/31/2	009				
	Name of plan NIER INDUSTRIES LTD. 401(K) AND PROFIT SHARING PLAN	В		e-digit n numbe l)	er •	0	01		
		_							
	Plan sponsor's name as shown on line 2a of Form 5500 NIER INDUSTRIES, LTD.	D	Emp	loyer Id	entifica	ation Nur	mber (E	EIN)	
			91	-105708	82				
Pa	art I Distributions								
	references to distributions relate only to payments of benefits during the plan year.								
1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions			1					0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries dur payors who paid the greatest dollar amounts of benefits):	ring th	e yea	r (if mor	e than	two, ent	er EIN	s of the	two
	EIN(s): 04-6568107								
	Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.								
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the year.	•		3					
Pa	Funding Information (If the plan is not subject to the minimum funding requirements of ERISA section 302, skip this Part)	of sec	tion o	f 412 of	the Int	ernal Re	evenue	Code	or
4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?				Yes		No		N/A
	If the plan is a defined benefit plan, go to line 8.			_				_	
5	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 ruling letter granting the waiver.  Date: Mon	nth		Da	ay		Year		
	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the re	main	der of	this so	hedul	e.			
6	a Enter the minimum required contribution for this plan year			6a					
	<b>b</b> Enter the amount contributed by the employer to the plan for this plan year			6b					
	C Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)			6с					
				6c					
7	(enter a minus sign to the left of a negative amount)		L	6c	Yes		No		N/A
7	(enter a minus sign to the left of a negative amount)  If you completed line 6c, skip lines 8 and 9.	viding		6c	Yes		No No		N/A
8	(enter a minus sign to the left of a negative amount)  If you completed line 6c, skip lines 8 and 9.  Will the minimum funding amount reported on line 6c be met by the funding deadline?  If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure pro automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator	viding		6c					
8	(enter a minus sign to the left of a negative amount)	viding		6c					
8 Pa 9	(enter a minus sign to the left of a negative amount)	viding agree	 	Decre	Yes	Ш	No oth		
8 Pa 9	(enter a minus sign to the left of a negative amount)	viding agree	 	Decre	Yes	Ш	No oth		N/A
8 Pa 9	(enter a minus sign to the left of a negative amount)	viding agree	of the	Decre	Yes ease	nue Cod	No oth		N/A
Par	(enter a minus sign to the left of a negative amount)	viding agree 	of the	Decree Interna	Yes	nue Coo	No oth	s [	N/A No
9 Par	(enter a minus sign to the left of a negative amount)	agree	of the	Decree Interna	Yes  Pase I Reve	nue Coo	No oth	es [	N/A No

Page <b>2-</b>	1	
rage <b>z</b> -	1	

Pa	rt V	t V Additional Information for Multiemployer Defined Benefit Pension Plans							
13			llowing information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in ee instructions. Complete as many entries as needed to report all applicable employers.						
	а	Name	of contributing employer						
	b	EIN	C Dollar amount contributed by employer						
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year							
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)  (1) Contribution rate (in dollars and cents)  (2) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	а	Name	of contributing employer						
	b	EIN	C Dollar amount contributed by employer						
	d	Date c	ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box						
	е	comple (1)	oution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, ete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):						
	а	Name	of contributing employer						
	b	EIN	C Dollar amount contributed by employer						
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box						
	е	comple (1)	oution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, ete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):						
	а	Name	of contributing employer						
	b	EIN	C Dollar amount contributed by employer						
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box						
	е	comple (1)	oution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, ete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):						
	а	Name	of contributing employer						
	b b	EIN	C Dollar amount contributed by employer						
	d	Date c	ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box einstructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year						
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)  (1) Contribution rate (in dollars and cents)  (2) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	а	Name	of contributing employer						
	b	EIN	C Dollar amount contributed by employer						
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box						
	е	Contrib comple (1)	oution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, ete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):						

Pac	ae	3
	,~	•

14	inter the number of participants on whose behalf no contributions were made by an employer as an employer of the articipant for:			
	a The current year	14a		
	<b>b</b> The plan year immediately preceding the current plan year	14b	_	
	C The second preceding plan year	14c		
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to ma employer contribution during the current plan year to:	ke an		
	a The corresponding number for the plan year immediately preceding the current plan year	15a		
	<b>b</b> The corresponding number for the second preceding plan year	15b		
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:			
	a Enter the number of employers who withdrew during the preceding plan year	16a		
	<b>b</b> If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b		
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, chapplemental information to be included as an attachment.			
Pa	art VI Additional Information for Single-Employer and Multiemployer Defined Benefi	t Pension Plan	ıS	
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment			
19	If the total number of participants is 1,000 or more, complete items (a) through (c)			
	a Enter the percentage of plan assets held as:			
	Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate:% Other:%			
	b Provide the average duration of the combined investment-grade and high-yield debt:  0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more			
	C What duration measure was used to calculate item 19(b)?	. ц ,		
	☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):			

FINANCIAL STATEMENTS AS OF DECEMBER 31, 2009 AND 2008 AND FOR THE YEAR ENDED DECEMBER 31, 2009 AND INDEPENDENT AUDITORS' REPORT

## FARRELL & CO., P.S.

#### INDEPENDENT AUDITORS' REPORT

Plan Administrator Rainier Industries Ltd. 401(k) and Profit Sharing Plan Tukwila, WA

We were engaged to audit the accompanying statements of net assets available for benefits of the Rainier Industries Ltd. 401(k) and Profit Sharing Plan and Trust (the Plan) as of December 31, 2009 and 2008, the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental schedule of assets held for investment purposes as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for reporting and disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator obtained certification from the trustee that the information as of December 31, 2009 and 2008 and for the year ended December 31, 2009, provided to the plan administrator are complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian of the Plan, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bellevue, Washington

Famell & Co. P.S.

October 4, 2010

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS Investments, at fair value: Fidelity Retirement Money Market Portfolio Investments in registered investment companies	177,612 3,065,448	\$ 170,771 _2,199,996
Total investments	3,243,060	2,370,767
LIABILITIES Accounts payable	<u> </u>	
NET ASSETS AVAILABLE FOR BENEFITS	\$3,243,060	\$2,370,767

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED DECEMBER 31, 2009

#### ADDITIONS:

Contributions:	
Participant deferrals	\$ 302,652
Employer	3,447
Total contributions	306,099
Net investment gain:	
Interest income	1,076
Dividend income	59,100
Net appreciation in fair value of investments	657,983
11	
Total net investment gain	718,159
Č	
Total additions	1,024,258
DEDUCTIONS:	
Fees	8,333
Benefits paid to Plan participants	143,632
Total deductions	151,965
NET ADDITIONS	872,293
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	2,370,767
End of year	\$3,243,060

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2009 AND 2008

#### NOTE 1: DESCRIPTION OF THE PLAN

The following description of the Rainier Industries Ltd. (the Company) 401(k) and Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**GENERAL:** The plan was established effective January 1, 1989 as a profit sharing plan and was amended effective June 1, 2001 to a defined contribution 401(k) and profit sharing plan with Fidelity Management Trust Company for all Rainier Industries, Ltd. and Campbell Real Estate LLC employees. An amended plan was adopted effective January 1, 2004. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Pension Guarantee Corporation does not insure the Plan since it does not provide a fixed and determinable benefit.

**ELIGIBILITY:** Participants are eligible to participate in the Plan if 21 or over and upon completing six months of service.

**CONTRIBUTIONS:** Under terms of the Plan agreement, participant and Company contributions are determined as follows:

Employee -

Participants may contribute 60% of their compensation annually, subject to statutory limitations. Participants age 50 and over are allowed to make additional catch-up contributions in excess of the limits they would otherwise be limited to, which are also subject to statutory limitations. Effective January 1, 2008 the Plan was amended to provide for automatic enrollment contributions for eligible employees unless the employee affirmatively elects otherwise. The automatic contributions start at 3% of compensation and increase automatically 1% per year unless the employee affirmatively elects otherwise. Automatic contributions will not increase beyond 10% of compensation.

NOTES TO FINANCIAL STATEMENTS (CONTINUED) DECEMBER 31, 2009 AND 2008

Employer -

Prior to 2009 the Company made non-discretionary matching employer contributions on behalf of each participant in the amount of 50% of the first 6% of base compensation that a participant contributes to the Plan each payroll period. The Plan was amended in 2009 and the non-discretionary match was eliminated from the Plan. The amended Plan allows the Company to make either discretionary matching contributions or discretionary nonelective contributions as defined by the amended Plan. During 2009 the Company elected to make no discretionary matching or discretionary non-elective contributions as allowed in the amended Plan.

Participants may also contribute amounts representing distributions from other defined benefit or contribution plans.

**PARTICIPANT ACCOUNTS AND INVESTMENTS:** Each participant's account is credited daily with the participant's contribution and allocations of (a) the Company's contribution, if any, and, (b) Plan earnings (losses), and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Upon enrollment the participant may direct employer and participant contributions among the various investment alternatives offered.

Participants may change the investment of his or her existing account balance among the investment funds on a daily basis. All investments are participant directed.

**ADMINISTRATION:** The Company is designated as the administrator of the Plan. Trustee fees and other Plan expenses are the responsibility of the Plan, however, may be paid by using available forfeitures or by the Company.

NOTES TO FINANCIAL STATEMENTS (CONTINUED) DECEMBER 31, 2009 AND 2008

**VESTING:** Participants are 100% vested in their employee contributions at all times. Participants in the Plan become vested in employer contributions according to the following schedule:

Years of service	Vested percentage
Less than 2	0%
2	20
3	40
4	60
5	80
6 or more	100

**FORFEITURES:** As determined by the Plan administrator, any forfeited amounts of employer contributions may be used to reduce the employer contribution, pay administrative expenses or allocated to the remaining participants under the Plan in the Plan year in which such forfeitures occur. At December 31, 2009 and 2008, forfeited nonvested accounts totaled \$2,437 and \$4,088 respectively. During 2009 forfeitures of \$8,700 were used to pay Plan expenses.

**RETIREMENT AGE:** The normal retirement age under the Plan is 59 1/2. A participant, who becomes disabled, as defined in the Plan, is eligible for disability retirement.

**BENEFIT PAYMENTS:** At termination of employment each participant's vested individual account is payable at the participant's election in one of the following ways:

- A single lump-sum payment
- Installment payments under a systematic withdrawal plan

Upon reaching 59 ½ participants may make in-service withdrawals of all or any portion of their vested accounts.

**TERMINATION:** Although it has not expressed any intent to do so, the Company has the right to terminate the Plan at any time. If the Plan is terminated, the participants will become 100% vested. The funds will either be held under the Plan and continue to earn interest until the participants become eligible for payment of benefits, or be distributed as soon as practicable.

NOTES TO FINANCIAL STATEMENTS (CONTINUED) DECEMBER 31, 2009 AND 2008

#### NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### Date of Management's Review

Subsequent events were evaluated through October 4, 2010 which is the date the financial statements were available to be issued.

#### **Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

### **Basis of Accounting**

The financial statements of the plan are prepared on the accrual basis of accounting.

### **Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value. See Note 3 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the exdividend date. Net appreciation or depreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

#### Payment of Benefits

Benefits are recorded when paid.

NOTES TO FINANCIAL STATEMENTS (CONTINUED) DECEMBER 31, 2009 AND 2008

#### **NOTE 3: FAIR VALUE MEASUREMENTS**

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

		Fair Value Measurement Using		
		<b>Quoted Prices</b>		
		in Active	Significant	
		Markets for	Other	Significant
		Identical	Observable	Unobservable
		Assets	Inputs	Inputs
	Fair Value	(level 1)	(level 2)	(Level 3)
December 31, 2009				
Money Market Portfolio	177,612	171,612		
Mutual Funds	3,065,448	3,065,448		
Total	\$3,243,060	\$3,243,060	None	None
<u>December 31, 2007</u>				
Money Market Portfolio	170,771	170,771		
Mutual Funds	2,199,996	2,199,996		
Total	\$2,370,767	\$2,370,767	None	None

SFAS No. 157, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

NOTES TO FINANCIAL STATEMENTS (CONTINUED) DECEMBER 31, 2009 AND 2008

#### Level 1 Fair Value Measurements

The fair value of the money market portfolio and the mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

#### **NOTE 4: INVESTMENTS**

A summary of the investments which, as of December 31, 2009 or 2008, exceed 5% of the net assets available for Plan benefits is as follows:

Description	2009	2008
	2007	2000
Fidelity Puritan Fund	\$255,831	\$212,385
Fidelity Intermediate Bond Fund	358,219	285,494
Fidelity Value Fund	240,698	159,894
Fidelity Low-Price Stock Fund		125,415
Fidelity Equity-Income II Fund	221,647	160,232
Fidelity Diversified Intl Fund		
Fidelity Mid Cap Stock Fund	253,904	158,649
Fidelity Freedom 2020 Fund	191,672	151,318
Fidelity Freedom 2030 Fund	217,682	140,912
Fidelity Retirement Money Market	177,612	170,771

All investments are participant directed.

### NOTE 5: INFORMATION CERTIFIED BY THE TRUSTEE

Under the method permitted by Department of Labor regulations, the Plan has included certain data in the financial statements, which is based on information certified by the trustee, Fidelity Management Trust Company, as accurate and complete. Such data includes investments at fair value and investment income and transactions for the years ended December 31, 2009 and 2008.

NOTES TO FINANCIAL STATEMENTS (CONTINUED) DECEMBER 31, 2009 AND 2008

#### **NOTE 6: TAX STATUS**

The Plan has received a letter of determination, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

#### NOTE 7: RELATED PARTY TRANSACTIONS

Plan investments are shares of mutual funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

#### **NOTE 8-RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

## Schedule H, Part 4, item 4(I) -Schedule of Assets Held for Investment Purposes EIN: 91-1057082, Plan #001

Plan Year Ended December 31, 2009

(a)	(b) Identity of issue, borrower, r lessor or similar party	(c) Description of investment including naturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current Value
*	Fidelity Fund	Mutual Fund		\$ 11,270
*	Fidelity Puritan Fund	Mutual Fund		255,831
*	Fidelity Value Strategies Fund	Mutual Fund		15,249
*	Fidelity Contrafund Fund	Mutual Fund		94,033
*	Fidelity Equity-Income Fund	Mutual Fund		14,338
*	Fidelity Growth Company Fund	Mutual Fund		61,146
*	Fidelity Investment Grade Bd Fund	Mutual Fund		80,711
*	Fidelity Intermediate Bond Fund	Mutual Fund		358,219
*	Fidelity Value Fund	Mutual Fund		240,698
*	Fidelity OTC Portfolio Fund	Mutual Fund		10,228
*	Fidelity Overseas Fund	Mutual Fund		51,489
*	Fidelity Real Estate Investment Portfolio	Mutual Fund		10,816
*	Fidelity Blue Chip Growth Fund	Mutual Fund		67,846
*	Fidelity Low-Price Stock Fund	Mutual Fund		158,173
*	Fidelity Equity-Income II Fund	Mutual Fund		221,647
*	Fidelity Growth Strategies Fund	Mutual Fund		12,663
*	Fidelity Diversified International F	Fund Mutual Fund		159,429
*	Fidelity Dividend Growth Fund	Mutual Fund		104,832

## Schedule H, Part 4, item 4(I) -Schedule of Assets Held for Investment Purposes (continued)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current Value
*	Fidelity Export and Multinatl Fur	nd Mutual Fund		29,590
*	Fidelity Mid-Cap Stock Fund	Mutual Fund		253,904
*	Fidelity Large-Cap Stock Fund	Mutual Fund		15,190
*	Fidelity Freedom Income Fund	Mutual Fund		303
*	Fidelity Freedom 2000 Fund	Mutual Fund		7,230
*	Fidelity Freedom 2010 Fund	Mutual Fund		10,032
*	Fidelity Freedom 2020 Fund	Mutual Fund		191,672
*	Fidelity Freedom 2030 Fund	Mutual Fund		217,682
*	Fidelity Small Cap Discovery Fu	nd Mutual Fund		8,881
*	Spartan Total Market Index Fund	Mutual Fund		82,601
*	Fidelity Short Term Bond Fund	Mutual Fund		1,065
*	Fidelity Fifty Fund	Mutual Fund		52,723
*	Fidelity Retirement Money Mark Portfolio	ket Mutual Fund		177,612
*	Fidelity Freedom 2040 Fund	Mutual Fund		36,093
*	Fidelity Freedom 2015 Fund	Mutual Fund		0
*	Fidelity Freedom 2025 Fund	Mutual Fund		149,460
*	Fidelity Freedom 2035 Fund	Mutual Fund		40,049
*	Fidelity Small Cap Value Fund	Mutual Fund		5,536

## Schedule H, Part 4, item 4(I) -Schedule of Assets Held for Investment Purposes (continued)

(a	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current Value
*	Fidelity Freedom 2045 Fund	Mutual Fund		21,303
*	Fidelity Freedom 2050 Fund	Mutual Fund		13,516
Note- Cost information not required as all funds are participant directed.				

FINANCIAL STATEMENTS AS OF DECEMBER 31, 2009 AND 2008 AND FOR THE YEAR ENDED DECEMBER 31, 2009 AND INDEPENDENT AUDITORS' REPORT

## FARRELL & CO., P.S.

#### INDEPENDENT AUDITORS' REPORT

Plan Administrator Rainier Industries Ltd. 401(k) and Profit Sharing Plan Tukwila, WA

We were engaged to audit the accompanying statements of net assets available for benefits of the Rainier Industries Ltd. 401(k) and Profit Sharing Plan and Trust (the Plan) as of December 31, 2009 and 2008, the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental schedule of assets held for investment purposes as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for reporting and disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator obtained certification from the trustee that the information as of December 31, 2009 and 2008 and for the year ended December 31, 2009, provided to the plan administrator are complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian of the Plan, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bellevue, Washington

Famell & Co. P.S.

October 4, 2010

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS Investments, at fair value: Fidelity Retirement Money Market Portfolio Investments in registered investment companies	177,612 3,065,448	\$ 170,771 _2,199,996
Total investments	3,243,060	2,370,767
LIABILITIES Accounts payable	<u> </u>	
NET ASSETS AVAILABLE FOR BENEFITS	\$3,243,060	\$2,370,767

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED DECEMBER 31, 2009

#### ADDITIONS:

Contributions:	
Participant deferrals	\$ 302,652
Employer	3,447
Total contributions	306,099
Net investment gain:	
Interest income	1,076
Dividend income	59,100
Net appreciation in fair value of investments	657,983
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Total net investment gain	718,159
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Total additions	1,024,258
DEDUCTIONS:	
Fees	8,333
Benefits paid to Plan participants	143,632
Total deductions	151,965
NET ADDITIONS	872,293
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	2,370,767
End of year	\$3,243,060

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2009 AND 2008

#### NOTE 1: DESCRIPTION OF THE PLAN

The following description of the Rainier Industries Ltd. (the Company) 401(k) and Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**GENERAL:** The plan was established effective January 1, 1989 as a profit sharing plan and was amended effective June 1, 2001 to a defined contribution 401(k) and profit sharing plan with Fidelity Management Trust Company for all Rainier Industries, Ltd. and Campbell Real Estate LLC employees. An amended plan was adopted effective January 1, 2004. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Pension Guarantee Corporation does not insure the Plan since it does not provide a fixed and determinable benefit.

**ELIGIBILITY:** Participants are eligible to participate in the Plan if 21 or over and upon completing six months of service.

**CONTRIBUTIONS:** Under terms of the Plan agreement, participant and Company contributions are determined as follows:

Employee -

Participants may contribute 60% of their compensation annually, subject to statutory limitations. Participants age 50 and over are allowed to make additional catch-up contributions in excess of the limits they would otherwise be limited to, which are also subject to statutory limitations. Effective January 1, 2008 the Plan was amended to provide for automatic enrollment contributions for eligible employees unless the employee affirmatively elects otherwise. The automatic contributions start at 3% of compensation and increase automatically 1% per year unless the employee affirmatively elects otherwise. Automatic contributions will not increase beyond 10% of compensation.

NOTES TO FINANCIAL STATEMENTS (CONTINUED) DECEMBER 31, 2009 AND 2008

Employer -

Prior to 2009 the Company made non-discretionary matching employer contributions on behalf of each participant in the amount of 50% of the first 6% of base compensation that a participant contributes to the Plan each payroll period. The Plan was amended in 2009 and the non-discretionary match was eliminated from the Plan. The amended Plan allows the Company to make either discretionary matching contributions or discretionary nonelective contributions as defined by the amended Plan. During 2009 the Company elected to make no discretionary matching or discretionary non-elective contributions as allowed in the amended Plan.

Participants may also contribute amounts representing distributions from other defined benefit or contribution plans.

**PARTICIPANT ACCOUNTS AND INVESTMENTS:** Each participant's account is credited daily with the participant's contribution and allocations of (a) the Company's contribution, if any, and, (b) Plan earnings (losses), and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Upon enrollment the participant may direct employer and participant contributions among the various investment alternatives offered.

Participants may change the investment of his or her existing account balance among the investment funds on a daily basis. All investments are participant directed.

**ADMINISTRATION:** The Company is designated as the administrator of the Plan. Trustee fees and other Plan expenses are the responsibility of the Plan, however, may be paid by using available forfeitures or by the Company.

NOTES TO FINANCIAL STATEMENTS (CONTINUED) DECEMBER 31, 2009 AND 2008

**VESTING:** Participants are 100% vested in their employee contributions at all times. Participants in the Plan become vested in employer contributions according to the following schedule:

Years of service	Vested percentage
Less than 2	0%
2	20
3	40
4	60
5	80
6 or more	100

**FORFEITURES:** As determined by the Plan administrator, any forfeited amounts of employer contributions may be used to reduce the employer contribution, pay administrative expenses or allocated to the remaining participants under the Plan in the Plan year in which such forfeitures occur. At December 31, 2009 and 2008, forfeited nonvested accounts totaled \$2,437 and \$4,088 respectively. During 2009 forfeitures of \$8,700 were used to pay Plan expenses.

**RETIREMENT AGE:** The normal retirement age under the Plan is 59 1/2. A participant, who becomes disabled, as defined in the Plan, is eligible for disability retirement.

**BENEFIT PAYMENTS:** At termination of employment each participant's vested individual account is payable at the participant's election in one of the following ways:

- A single lump-sum payment
- Installment payments under a systematic withdrawal plan

Upon reaching 59 ½ participants may make in-service withdrawals of all or any portion of their vested accounts.

**TERMINATION:** Although it has not expressed any intent to do so, the Company has the right to terminate the Plan at any time. If the Plan is terminated, the participants will become 100% vested. The funds will either be held under the Plan and continue to earn interest until the participants become eligible for payment of benefits, or be distributed as soon as practicable.

NOTES TO FINANCIAL STATEMENTS (CONTINUED) DECEMBER 31, 2009 AND 2008

#### NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### Date of Management's Review

Subsequent events were evaluated through October 4, 2010 which is the date the financial statements were available to be issued.

#### **Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

### **Basis of Accounting**

The financial statements of the plan are prepared on the accrual basis of accounting.

### **Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value. See Note 3 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the exdividend date. Net appreciation or depreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

#### Payment of Benefits

Benefits are recorded when paid.

NOTES TO FINANCIAL STATEMENTS (CONTINUED) DECEMBER 31, 2009 AND 2008

#### **NOTE 3: FAIR VALUE MEASUREMENTS**

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

		Fair Value Measurement Using		
		<b>Quoted Prices</b>		
		in Active	Significant	
		Markets for	Other	Significant
		Identical	Observable	Unobservable
		Assets	Inputs	Inputs
	Fair Value	(level 1)	(level 2)	(Level 3)
December 31, 2009				
Money Market Portfolio	177,612	171,612		
Mutual Funds	3,065,448	3,065,448		
Total	\$3,243,060	\$3,243,060	None	None
<u>December 31, 2007</u>				
Money Market Portfolio	170,771	170,771		
Mutual Funds	2,199,996	2,199,996		
Total	\$2,370,767	\$2,370,767	None	None

SFAS No. 157, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

NOTES TO FINANCIAL STATEMENTS (CONTINUED) DECEMBER 31, 2009 AND 2008

#### Level 1 Fair Value Measurements

The fair value of the money market portfolio and the mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

#### **NOTE 4: INVESTMENTS**

A summary of the investments which, as of December 31, 2009 or 2008, exceed 5% of the net assets available for Plan benefits is as follows:

Description	2009	2008
	2009	2000
Fidelity Puritan Fund	\$255,831	\$212,385
Fidelity Intermediate Bond Fund	358,219	285,494
Fidelity Value Fund	240,698	159,894
Fidelity Low-Price Stock Fund		125,415
Fidelity Equity-Income II Fund	221,647	160,232
Fidelity Diversified Intl Fund		
Fidelity Mid Cap Stock Fund	253,904	158,649
Fidelity Freedom 2020 Fund	191,672	151,318
Fidelity Freedom 2030 Fund	217,682	140,912
Fidelity Retirement Money Market	177,612	170,771

All investments are participant directed.

### NOTE 5: INFORMATION CERTIFIED BY THE TRUSTEE

Under the method permitted by Department of Labor regulations, the Plan has included certain data in the financial statements, which is based on information certified by the trustee, Fidelity Management Trust Company, as accurate and complete. Such data includes investments at fair value and investment income and transactions for the years ended December 31, 2009 and 2008.

NOTES TO FINANCIAL STATEMENTS (CONTINUED) DECEMBER 31, 2009 AND 2008

#### **NOTE 6: TAX STATUS**

The Plan has received a letter of determination, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

#### NOTE 7: RELATED PARTY TRANSACTIONS

Plan investments are shares of mutual funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

#### **NOTE 8-RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

## Schedule H, Part 4, item 4(I) -Schedule of Assets Held for Investment Purposes EIN: 91-1057082, Plan #001

Plan Year Ended December 31, 2009

(a)	(b) Identity of issue, borrower, r lessor or similar party	(c) Description of investment including naturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current Value
*	Fidelity Fund	Mutual Fund		\$ 11,270
*	Fidelity Puritan Fund	Mutual Fund		255,831
*	Fidelity Value Strategies Fund	Mutual Fund		15,249
*	Fidelity Contrafund Fund	Mutual Fund		94,033
*	Fidelity Equity-Income Fund	Mutual Fund		14,338
*	Fidelity Growth Company Fund	Mutual Fund		61,146
*	Fidelity Investment Grade Bd Fund	Mutual Fund		80,711
*	Fidelity Intermediate Bond Fund	Mutual Fund		358,219
*	Fidelity Value Fund	Mutual Fund		240,698
*	Fidelity OTC Portfolio Fund	Mutual Fund		10,228
*	Fidelity Overseas Fund	Mutual Fund		51,489
*	Fidelity Real Estate Investment Portfolio	Mutual Fund		10,816
*	Fidelity Blue Chip Growth Fund	Mutual Fund		67,846
*	Fidelity Low-Price Stock Fund	Mutual Fund		158,173
*	Fidelity Equity-Income II Fund	Mutual Fund		221,647
*	Fidelity Growth Strategies Fund	Mutual Fund		12,663
*	Fidelity Diversified International F	Fund Mutual Fund		159,429
*	Fidelity Dividend Growth Fund	Mutual Fund		104,832

## Schedule H, Part 4, item 4(I) -Schedule of Assets Held for Investment Purposes (continued)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current Value
*	Fidelity Export and Multinatl Fur	nd Mutual Fund		29,590
*	Fidelity Mid-Cap Stock Fund	Mutual Fund		253,904
*	Fidelity Large-Cap Stock Fund	Mutual Fund		15,190
*	Fidelity Freedom Income Fund	Mutual Fund		303
*	Fidelity Freedom 2000 Fund	Mutual Fund		7,230
*	Fidelity Freedom 2010 Fund	Mutual Fund		10,032
*	Fidelity Freedom 2020 Fund	Mutual Fund		191,672
*	Fidelity Freedom 2030 Fund	Mutual Fund		217,682
*	Fidelity Small Cap Discovery Fu	nd Mutual Fund		8,881
*	Spartan Total Market Index Fund	i Mutual Fund		82,601
*	Fidelity Short Term Bond Fund	Mutual Fund		1,065
*	Fidelity Fifty Fund	Mutual Fund		52,723
*	Fidelity Retirement Money Mark Portfolio	ket Mutual Fund		177,612
*	Fidelity Freedom 2040 Fund	Mutual Fund		36,093
*	Fidelity Freedom 2015 Fund	Mutual Fund		0
*	Fidelity Freedom 2025 Fund	Mutual Fund		149,460
*	Fidelity Freedom 2035 Fund	Mutual Fund		40,049
*	Fidelity Small Cap Value Fund	Mutual Fund		5,536

## Schedule H, Part 4, item 4(I) -Schedule of Assets Held for Investment Purposes (continued)

(a	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current Value	
*	Fidelity Freedom 2045 Fund	Mutual Fund		21,303	
*	Fidelity Freedom 2050 Fund	Mutual Fund		13,516	
Note- Cost information not required as all funds are participant directed.					

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*	Fidelity Freedom 2015 Fund	Mutual Fund		0
*	Fidelity Freedom 2025 Fund	Mutual Fund		149,460
*	Fidelity Freedom 2035 Fund	Mutual Fund		40,049
*	Fidelity Small Cap Value Fund	Mutual Fund		5,536

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*	Fidelity Freedom 2045 Fund	Mutual Fund		21,303		
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