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).

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

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009)	and ending	12/31/2	2009			
Α	This return/report is for:	multiple-e	employer plan (not multiemployer)	one-participant plan				
В	This return/report is for:	final retur	n/report		_			
	an amended return/report	short plan	year return/report (less than 12 m	onths)				
C	Check box if filing under:	extension	,	DFVC program				
•	special extension (enter description		, exteriorer		_ 51 vo program			
D		,						
	art II Basic Plan Information—enter all requested information	ation		1h	Three-digit			
	Name of plan SOL, INC. 401(K) PROFIT SHARING PLAN			10	plan number			
	,				(PN) • 001			
				1c	Effective date of plan			
20		-1		2h	01/01/2005			
	Plan sponsor's name and address (employer, if for single-employer SOL, INC.	pian)		20	Employer Identification Number (EIN) 91-2144944			
	302, 1110.			2c	Plan sponsor's telephone number			
	W. COLUMBIA STREET				509-542-9511			
PAS	CO, WA 99301			2d	Business code (see instructions)			
3a	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same	2")	3h	561720 Administrator's EIN			
	SOL, INC. 611 W. COLU	JMBIA ST			91-2144944			
	PASCO, WA	99301		3с	Administrator's telephone number 509-542-9511			
4	If the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4h	509-342-9511 EIN			
	name, EIN, and the plan number from the last return/report. Sponsor		F					
				4c	PN			
5a	Total number of participants at the beginning of the plan year				27			
b				. 5b	19			
С	Total number of participants with account balances as of the end of complete this item)			. 5c	7			
6a					X Yes No			
b	Are you claiming a waiver of the annual examination and report of a	an indeper	ndent qualified public accountant (IC	QPA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		Yes No			
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fo art III Financial Information	orm 5500-	SF and must instead use Form 5	500.				
7			(a) Baninninn of Vaca		(h) Find of Voor			
· .	Plan Assets and Liabilities	70	(a) Beginning of Year	52	(b) End of Year 186925			
a h	Total plan assets Total plan liabilities	7a 7b	11040)2	100323			
C	Net plan assets (subtract line 7b from line 7a)	70 7c	11045	52	186925			
8	·	70)2				
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total			
ű	(1) Employers	8a(1)	787	75				
	(2) Participants	8a(2)	4497	7 5				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	3066	61				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			83511			
d	Benefits paid (including direct rollovers and insurance premiums		700					
_	to provide benefits)	8d	700	58				
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g			_			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			7038			
į	Net income (loss) (subtract line 8h from line 8c)	8i			76473			
j	Transfers to (from) the plan (see instructions)	8j						

Part IV	Plan Characteristics

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

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

art	V Compliance Questions			· <u> </u>		_	· <u> </u>	
0	During the plan year:		Yes	No		Amoı	unt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Χ				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Χ				
С	Was the plan covered by a fidelity bond?	10c	Χ					11100
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		Χ				
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					512
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				
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						
art			0 1 1		/ 5			
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					П	Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					П	Yes	X No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0.00	0			ш		ш
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	ctions	and e	nter th	e date of th	e lett	er rulii	na
	granting the waiverMon							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_	1				
b	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d		_		•
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	0	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		Г	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			ntrol			Yes	X No
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 plai	n(s) to					
1	3c(1) Name of plan(s):		130	(2) EI	N(s)	1	3c(3)	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	establ	ished.			
Inde B o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned the support of the support of this returned the support of the sup	ırn/rep	ort, in	cludin	g, if applica			
elief	f, it is true, correct, and complete.	001						
SIGI	Filed with authorized/valid electronic signature. 10/12/2010 MICHAEL ATCH	SON						

SIGN HERE
Signature of plan administrator
Date
Enter name of individual signing as plan administrator

Signature of employer/plan sponsor
Date
Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration 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).

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part Annual Report Identification Information									
For		01/01/2			12/31/200				
Α	This return/report is for: X single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	nt plan			
В	This return/report is for: first return/report	final retur	n/report						
	an amended return/report	short plan	year return/report (less than 12 mo	nths)					
С	Check box if filing under: X Form 5558	automatic	extension		DFVC progra	m ·			
	special extension (enter descript	ion)							
Pa	art II Basic Plan Information—enter all requested inform	nation							
1a	Name of plan			1b	Three-digit				
	Del Sol, Inc. 401(k) Profit Sharing Pla	n			plan number (PN) ▶	001			
				10	Effective date of				
				.0	01/01/2005	5			
2a	Plan sponsor's name and address (employer, if for single-employed Sol, Inc.	er plan)		2b	Employer Identif				
	Del Sol, Inc.			L	(EIN) 91-214				
				2C	(509) 542-9	elephone number 9511			
	611 W. Columbia Street			2d	Business code (
	Pasco		WA 99301		561720	•			
За	Plan administrator's name and address (if same as Plan sponsor, same	enter "Same	? ")	3b	Administrator's I	EIN			
				3c	Administrator's t	elephone number			
						V-			
	If the name and/or EIN of the plan sponsor has changed since the I		port filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report. Spons	sor's name		4c	PN	•			
5a	Total number of participants at the beginning of the plan year			+		27			
b	Total number of participants at the end of the plan year			5b		19			
b	•			5b		19			
c b		of the plan y	ear (defined benefit plans do not	-		. 7			
с 6а	Total number of participants with account balances as of the end complete this item)	of the plan y ible assets?	rear (defined benefit plans do not	5c					
с 6а	Total number of participants with account balances as of the end complete this item)	of the plan y ible assets? of an indepe	rear (defined benefit plans do not (See instructions.) ndent qualified public accountant (I	5c		7 X Yes No			
с 6а	Total number of participants with account balances as of the end complete this item)	of the plan y ible assets? of an indeper y and conditi	(See instructions.)	5c QPA)		7 X Yes No			
6a b	Total number of participants with account balances as of the end complete this item)	of the plan y ible assets? of an indeper y and conditi	(See instructions.)	5c QPA)		7 X Yes No			
6a b	Total number of participants with account balances as of the end complete this item)	of the plan y ible assets? of an indeper y and conditi	(See instructions.)	5c QPA)		7 X Yes No			
6a b	Total number of participants with account balances as of the end complete this item)	of the plan y ible assets? of an indeper y and conditi Form 5500-	(See instructions.)	5c		7 X Yes No No No			
6a b	Total number of participants with account balances as of the end complete this item)	of the plan y ible assets? of an indeper y and conditi Form 5500-	(See instructions.)	5c		7 X Yes No X Yes No			
6a b	Total number of participants with account balances as of the end complete this item)	of the plan y ible assets? of an indeper y and conditi Form 5500 7a 7b	(See instructions.)	5c 2 2 2 2 3 3 3 5 2 3 3 3 3 3 3 3 3 3 3		7 X Yes No X Yes No			
6a b Pa 7 a b	Total number of participants with account balances as of the end complete this item)	of the plan y ible assets? of an indeper y and conditi Form 5500 7a 7b	(See instructions.) Indent qualified public accountant (lions.) SF and must instead use Form 5 (a) Beginning of Year 110, 4	5c 2 2 2 2 3 3 3 5 2 3 3 3 3 3 3 3 3 3 3	(b) End	7 X Yes No X Yes No of Year 186, 925			
6a b 7 a b	Total number of participants with account balances as of the end complete this item)	of the plan y ible assets? of an indeper y and conditi Form 5500- 7a 7b 7c	(See instructions.) Indent qualified public accountant (I ions.) SF and must instead use Form 5 (a) Beginning of Year 110, 4 (a) Amount	5c QPA) 500.	(b) End	7 X Yes No No X Yes No Of Year 186, 925			
6a b 7 a b c	Total number of participants with account balances as of the end complete this item)	of the plan y ible assets? of an indeper y and conditi Form 5500- 7a 7b 8a(1)	(See instructions.) (See instructions.) (See instructions.) (Indept qualified public accountant (In	5c 5c 2 2 52 75	(b) End	7 X Yes No No X Yes No Of Year 186, 925			
6a b 7 a b c	Total number of participants with account balances as of the end complete this item)	of the plan y ible assets? of an indeper y and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.) Indent qualified public accountant (I ions.) SF and must instead use Form 5 (a) Beginning of Year 110, 4 (a) Amount	5c 5c 2 2 52 75	(b) End	7 X Yes No No X Yes No Of Year 186, 925			
6a b 7 a b c 8 a	Total number of participants with account balances as of the end complete this item)	of the plan y ible assets? of an indeper y and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.) (See instructions.) (See instructions.) (A) (Beginning of Year (Beginning of Year (CA)	5c QPA) 500. 52 75 75	(b) End	7 X Yes No No X Yes No Of Year 186, 925			
6a b 7 a b c c 8 a b	Total number of participants with account balances as of the end complete this item) Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use artilli Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	of the plan y ible assets? of an indeper y and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) 8b	(See instructions.) (See instructions.) (See instructions.) (Indept qualified public accountant (In	5c QPA) 500. 52 75 75	(b) End	7 X Yes No No No No No No No N			
6a b 7 a b c 8 a	Total number of participants with account balances as of the end complete this item)	of the plan y ible assets? of an indeper y and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) 8b	(See instructions.) (All Permitted Instructions (All Permitted Instructions)	5c	(b) End	7 X Yes No No X Yes No Of Year 186, 925			
6a b 7 a b c 8 a	Total number of participants with account balances as of the end complete this item)	of the plan y ible assets? of an indeper y and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.) (See instructions.) (See instructions.) (A) (Beginning of Year (Beginning of Year (CA)	5c	(b) End	7 X Yes No No No No No No No N			
6a b 7 a b c 8 a	Total number of participants with account balances as of the end complete this item)	of the plan y ible assets? of an indeper y and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) 8b 8c 8d	(See instructions.) (All Permitted Instructions (All Permitted Instructions)	5c	(b) End	7 X Yes No No No No No No No N			
6a b 7 a b c c d d	Total number of participants with account balances as of the end complete this item)	of the plan y ible assets? of an indeper y and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e	(See instructions.) (All Permitted Instructions (All Permitted Instructions)	5c	(b) End	7 X Yes No No No No No No No N			
6a b 7 a b c c d d e	Total number of participants with account balances as of the end complete this item)	of the plan y ible assets? of an indeper y and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e 8f	(See instructions.) (All Permitted Instructions (All Permitted Instructions)	5c	(b) End	7 X Yes No No Yes No No No 186,925 186,925 No No No No No No No No			
6a b 7 a b c 8 a b c f	Total number of participants with account balances as of the end complete this item)	of the plan y ible assets? of an indeper y and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(See instructions.) (All Permitted Instructions (All Permitted Instructions)	5c	(b) End	7, 038			
6a b 7 a b c c 8 a b c c d e f g	Total number of participants with account balances as of the end complete this item)	of the plan y ible assets? of an indeper y and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e 8f 8g 8h	(See instructions.) (All Permitted Instructions (All Permitted Instructions)	5c	(b) End	7 X Yes No No Yes No No No 186,925 186,925 No No No No No No No No			

inger Salas	Material								
Par	tiv Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature	ander from the	List of Blon Chara	otorio	tio Co	doc in	the instructi	one:	
9a	2A 2E 2F 2G 2J 2K 2T 3D	codes nom the	LIST OF PIATE CHAFA	clens	lic Co	ues III	uie insuacii	0115.	
b	If the plan provides welfare benefits, enter the applicable welfare feature of	codes from the L	ist of Plan Charac	cterist	ic Cod	des in t	he instruction	ons:	
Part	V Compliance Questions								
10	During the plan year:			T	Yes	No		mount	
а		thin the time per	iod described in [\neg					
_	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Co			10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do no on line 10a.)			10b		Х			
· c	Was the plan covered by a fidelity bond?			10c	Х			11	,100
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity lor dishonesty?	bond, that was c	aused by fraud	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other personsurance service or other organization that provides some or all of the beinstructions.)	plan? (See	10e	Х				512	
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х	_		
g	Did the plan have any participant loans? (If "Yes," enter amount as of yea	ır end.)		10g		Х			
h	If this is an individual account plan, was there a blackout period? (See ins 2520.101-3.)	structions and 29	OFR	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the requiexceptions to providing the notice applied under 29 CFR 2520.101-3	ired notice or on	e of the	10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (I 5500))							Yes 2	X No
lf	If a waiver of the minimum funding standard for a prior year is being amor granting the waiveryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F	Form 5500), and	Mont I skip to line 13.	th		Day		Year	
b	Enter the minimum required contribution for this plan year					12b			
С	Enter the amount contributed by the employer to the plan for this plan year					12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the res negative amount)				L	12d			
е	Will the minimum funding amount reported on line 12d be met by the fund	ling 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 year	or any prior yea	r?				т	Yes 2	X No
	If "Yes," enter the amount of any plan assets that reverted to the employe					13a			
b	Were all the plan assets distributed to participants or beneficiaries, transfor the PBGC?							Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another	plan(s), identify th	ne pla	n(s) to	· · · · · · · · · · · · · · · · · · ·			
	13c(1) Name of plan(s):				13c(2) EIN(s) 13c(3)			13c(3) F	PN(s)
Cau	tion: A penalty for the late or incomplete filing of this return/report wil	ll be assessed i	unless reasonabl	le cau	ıse is	estab	lished.		
SB o	er penalties of perjury and other penalties set forth in the instructions, I dec or Schedule MB completed and signed by an enrolled actuary, as well as th of, it is true, correct, and complete.	lare that I have one electronic vers	examined this retusion of this return/	ırn/rej repor	oort, ii i, and	ncludin to the l	g, if applica best of my k	ble, a Sched nowledge a	dule ind
Silvani.	7/1 + 1 0								
SIG						ınina a	e plan odmi	nistrator	
		11	Enter name of in	idividi	ıdı SiÇ	miny a	o pian aunn	noualui	
SIG		1-11	Enter name of :-	م ان بادا	ıol ois	uning o	e employer	or plan ener	neor
HERE Signature of employer/plan spons of Date Enter name of individual signing as employer or plants.							ur pian spor	ISUI	

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