Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE SUN PRODUCTS CORPORATION 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1984

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
THE SUN PRODUCTS CORPORATION

60 DANBURY ROAD
WILTON, CT 06897

2b Employer Identification Number (EIN) 87-0321861

2c Sponsor's telephone number 203-256-0816

2d Business code (see instructions) 325600

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	KEVIN R PAGE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	KEVIN R PAGE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
THE SUN PRODUCTS CORPORATION

60 DANBURY ROAD
WILTON, CT 06897

3b Administrator's EIN
87-0321861

3c Administrator's telephone number
203-256-0816

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name
HUISH DETERGENTS, INC.

4b EIN
87-0321861

4c PN
001

5	Total number of participants at the beginning of the plan year	**5**	2779
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	2663
b	Retired or separated participants receiving benefits	**6b**	42
c	Other retired or separated participants entitled to future benefits	**6c**	113
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2818
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	2818
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2214
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
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 Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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

A Name of plan
THE SUN PRODUCTS CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE SUN PRODUCTS CORPORATION

D Employer Identification Number (EIN)
87-0321861

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PROFESSIONAL PENSION SERVICES, INC.

1750 W BROADWAY STREET, STE 110
OVIEDO, FL 32765

58-2498531

(b) Service Code(s)	(c) 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?	(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?
64	NONE	17550	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) 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?	(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 [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) 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?	(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 [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** 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?	**(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 ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** 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?	**(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 ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** 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?	**(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 ☐	Yes ☐ No ☐		Yes ☐ No ☐

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.

(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	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of 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	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of 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	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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).

▶ **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

A Name of plan
THE SUN PRODUCTS CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE SUN PRODUCTS CORPORATION

D Employer Identification Number (EIN)
87-0321861

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7440	164401
(2) Participant contributions	1b(2)	22705	201652
(3) Other	1b(3)	138705	25
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7817331	8438737
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	4720967	4394713
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	30019723	33640876
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	25294	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	42752165	46840404
Liabilities			
g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	42752165	46840404

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)	2932717	
(B) Participants	2a(1)(B)	5366145	
(C) Others (including rollovers)	2a(1)(C)	236056	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		8534918
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	42247	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	318555	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		360802
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		8486886
c	Other income	2c		28217
d	Total income. Add all **income** amounts in column (b) and enter total	2d		17410823
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4997592	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4997592
f	Corrective distributions (see instructions)	2f		0
g	Certain deemed distributions of participant loans (see instructions)	2g		13953
h	Interest expense	2h		0
i	Administrative expenses: (1) Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	17550	
	(3) Investment advisory and management fees	2i(3)	0	
	(4) Other	2i(4)	0	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		17550
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5029095
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		12381728
l	Transfers of assets:			
	(1) To this plan	2l(1)		0
	(2) From this plan	2l(2)		8293489

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: HAYNIE & COMPANY **(2)** EIN: 87-0325228

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ... [X] **Yes** [ ] **No** **Amount:** 0

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
THE SUN PRODUCTS 401K PLAN	87-6221130	001

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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 calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
THE SUN PRODUCTS CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE SUN PRODUCTS CORPORATION

D Employer Identification Number (EIN)
87-0321861

Part I Distributions

All 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 during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

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 plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

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:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

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) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a 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 _____

e 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):

---

a 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 _____

e 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):

---

a 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 _____

e 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):

---

a 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 _____

e 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):

---

a 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 _____

e 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):

---

a 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 _____

e 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):

---

a 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 _____

e 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):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
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 make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
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 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, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

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)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

The Sun Products Corporation
401(k) Plan

Financial Statements
and
Independent Auditors' Report

December 31, 2009 and 2008

The Sun Products Corporation 401(k) Plan

Contents

Independent Auditors' Report	1
Statements of Net Assets in Liquidation and Available for Benefits	2
Statements of Changes in Net Assets in Liquidation and Available for Benefits	3
Notes to Financial Statements	4
Supplemental Information:	
Schedule of Assets Held for Investment Purposes	11

Haynie &
Company

Certified Public Accountants (a professional corporation)
1785 West Printers Row Salt Lake City, Utah 84119 (801) 972-4800 Fax (801) 972-8941

INDEPENDENT AUDITORS' REPORT

To the Participants and Board of Trustees of
The Sun Products Corporation 401 (k) Plan
Sandy, Utah

We have audited the accompanying statement of net assets in liquidation and net assets available for benefits of The Sun Products Corporation 401 (k) Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets in liquidation and statement of changes in net assets available for benefits for the years ended December 31, 2009 and 2008. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provides a reasonable basis for our opinion.

As described in Notes 4 and 11 to the financial statements, the Directors of Sun Products Corporation, the Plan's sponsor, voted to terminate the Plan. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting used to determine the amounts at which the financial information is stated, from the ongoing plan basis to the liquidation basis for periods after December 31, 2008.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets in liquidation and net assets available for benefits of the Plan as of December 31, 2009 and 2008, and the changes its net assets in liquidation and net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America applied on the bases described in the preceding paragraph.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule on page 11, Schedule H – Schedule of Assets Held for Investment Purposes, referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Haynie & Co.

Salt Lake City, Utah
October 14, 2009

The Sun Products Corporation 401(k) Plan

Statements of Net Assets In Liquidation and Available for Benefits

December 31	In Liquidation 2009	Available for Benefits 2008
Assets		
Investments (at fair value):		
Clipper Fund	**$ 2,814,939**	$ 1,992,264
Columbia Small Cap Z	**3,518,639**	2,411,186
Harbor Bond Fund	**-**	4,160,610
Neuberger Berman High Inc Bd Inv	**1,868,964**	1,175,381
Oakmark Global Fund	**7,653,042**	5,136,231
Vanguard Retirement Savings Trust	**6,051,679**	4,188,925
Vanguard Growth Index Admiral Fund	**3,634,134**	2,578,627
Vanguard Prime Money Market	**8,438,737**	7,817,331
Vanguard Total Stock Market Index Admiral Fund	**2,654,563**	2,104,900
Vanguard Wellington Admiral Fund	**5,396,890**	4,161,968
Weitz Partners Value Fund	**48,026**	2,109,633
Total investments	**42,079,613**	37,837,056
Participant loans	**4,394,713**	4,720,967
Receivables:		
Loan payments receivable	**25**	11,346
Employer contributions	**164,401**	36,351
Other assets:		
Life insurance contracts	**-**	25,294
Total assets	**46,840,404**	42,631,014
Net assets available for benefits	**$ 46,840,404**	$ 42,631,014

See accompanying notes to financial statements.

The Sun Products Corporation 401(k) Plan

Statements of Net Assets In Liquidation and Available for Benefits

For the years ended December 31	In Liquidation 2009	Available for Benefits 2008
Additions to net assets attributed to		
Investment income:		
Unrealized gain (loss) on investments	**$ 9,548,854**	$ (13,128,492)
Dividend income	**949,383**	1,283,244
Realized gains (losses)	**(1,890,748)**	606,421
Interest income	**360,802**	-
Total investment (loss) income	**8,968,291**	(11,238,827)
Contributions:		
Participants	**5,366,145**	5,038,931
Employer	**2,933,265**	1,775,009
Rollover	**236,056**	164,775
Total contributions	**8,535,466**	6,978,715
Total additions (deductions)	**17,503,757**	(4,260,112)
Deductions from net assets attributed to		
Administration / distribution fees	**17,550**	17,713
Benefits paid to participants and deemed distributions	**4,983,328**	2,608,184
Total deductions	**5,000,878**	2,625,897
Net increase (decrease) in net assets	**12,502,879**	(6,886,009)
Transfers out to other fund	**(8,293,489)**	-
Net assets available for benefits, beginning of year	**42,631,014**	49,517,023
Net assets available for benefits, end of year	**$ 46,840,404**	$ 42,631,014

See accompanying notes to financial statements.

Note 1 - Significant accounting policies

Basis of accounting - The financial statements of The Sun Products Corporation 401(k) Plan (the Plan) are prepared using the accrual method of accounting in accordance with generally accepted accounting principles.

Management estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

Payment of benefits - Benefits are recorded when paid.

Investment valuation and income recognition - The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end.

Note 2 - Description of plan

The following is a general description of the Sun Products Corporation 401(k) Plan. Participants are provided with and encouraged to read the Summary Plan Description which provides a more detailed description of the Plan. Participants also have access to the Plan Adoption Agreement and Prototype Plan upon request.

General - The Sun Products Corporation 401(k) Plan is a defined contribution plan, which includes 401(k) and matching features. The Plan is subject to ERISA (the Employee Retirement Income Security Act).

Eligibility - All employees of Sun Products Corporation (the Company) are eligible to participate in the Plan upon date of hire. For discretionary matching and profit sharing contributions, participants are eligible after they have completed one year of service.

Contributions - Employees are automatically enrolled in the 401(k) Plan upon date of hire. Employees who do not complete a salary deferral agreement are automatically enrolled to withhold 3% of compensation. Employees may also select an alternative deferral amount or may elect not to contribute to the Plan upon initial eligibility. Participants may change their deferral amounts at the end of each calendar year quarter. The Plan also provides for employer discretionary matching and profit sharing contributions. Currently the employer is matching 100% of the first 3% and 50% of the next 2% of compensation.

Note 2 - Description of plan (continued)

Participant accounts - The Plan completes reporting on a share basis accounting. Contributions are credited to the participant accounts by applying the corresponding amount of shares to each participant's selected investments. Distributions are completed by selling the required number of shares of each investment and then disbursing the proceeds as directed. Market gains and losses are reflected through changes in share price.

Vesting - All participant contributions are 100% vested when contributed. When eligible all employer contributions are 100% vested.

Payment of benefits - Participants are entitled to all of their accounts within the Plan on or after Normal Retirement Age, which is age 65. The Plan also provides for in-service distributions after age 59½ and for hardship withdrawals. Participants are also eligible to withdraw their funds upon separation of service. All distributions are paid as soon as administratively feasible following a thirty-day wait. All distributions from the Plan are made in lump sum payments. If the vested benefit in the Plan exceeds $5,000, the participant must consent to the distribution before it may be made. If the vested benefit in the Plan does not exceed $5,000, the benefit will be distributed in a lump-sum payment as soon as practicable following the event that entitles a distribution.

Forfeited accounts - Forfeited non-vested accounts totaled $555 and $2,457 for the years ended December 31, 2009 and 2008, respectively. Forfeitures are held for five years after which the Company can use these funds as part of the Company matching contribution. Forfeited non-vested accounts were applied to employer contributions in the amount of $555 and $2,457 for the years ended December 31, 2009 and 2008, respectively.

Investment options - All participants have the right to direct their investments in the Plan. The Plan is intended to comply with Section 404(c) of ERISA. Participants may change how their contributions and current balances are invested at the end of each calendar quarter. These changes are put into effect the first day of the following quarter.

Participant loans - The Plan allows for a participant to receive a loan not to exceed 50% of their non-forfeitable accrued benefits. These loans are secured by the participants benefit balances and are fixed-term obligations. The loans are repaid in twenty-four installments each year and carry interest at varying amounts. The life of the loans are not to exceed five years.

Note 3 - Investments

The following presents investments that represent 5 percent or more of the Plan's net assets:

December 31	**2009**	2008
Vanguard Prime Money Market	**$ 8,438,737**	$ 7,799,435
Oakmark Global Fund	**7,653,042**	5,136,231
Vanguard Retirement Savings Trust	**6,051,679**	4,188,925
Vanguard Wellington Admiral Fund	**5,396,890**	4,161,968
Vanguard Growth Index Admiral Fund	**3,634,134**	2,578,627
Columbia Small Cap Z	**3,518,639**	2,411,186
Clipper Fund	**2,814,939**	1,992,264
Vanguard Total Stock Market Index Admiral Fund	**2,654,563**	2,104,900
Harbor Bond Fund	**-**	4,160,610

Investment gains and (losses), including gains and losses on investments bought and sold, as well as held during the year, for the years ending December 31, 2009 and 2008 were $7,658,106 and ($12,522,071), respectively.

Note 4 - Priorities upon termination

During 2009 the Trustees voted to terminate the plan during the year. Termination does not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the beneficiaries and participants. As the Plan is in the termination process, the trustees are in the process of transferring the assets into another 401(k) plan held by the new owner.

Note 5 - Tax status

The Plan received a favorable determination ruling from the Internal Revenue Service that it is a qualified plan under §401(a) of the Internal Revenue Code and as such the Plan is exempt from federal income tax. The Plan has been amended since the latest amendment covered by the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal revenue Code. Therefore, the Administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Note 6 - Reconciliation of financial statements to form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the form 5500:

December 31,	**2009**	2008
Net assets available for plan benefits per the financial statements	**$46,840,404**	$42,631,014
Default loan taxed	**-**	-
Investment purchase after year end	**-**	121,151
Net assets available for plan benefits per form 5500	**$46,840,404**	$42,752,165

The following is a reconciliation of the changes in net assets available for benefits per the financial statements to the form 5500:

December 31,	**2009**	2008
Net increase (decrease) in net assets	**$12,502,879**	$ (6,886,009)
Investment purchase after year end	**(121,151)**	121,151
Loan distributions	**-**	(38,156)
Defaulted loan write-off	**-**	4,695
Net income (loss) per form 5500	**$12,381,728**	$ (6,803,014)

Note 7 - 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.

Note 8 - Reclassification

Certain balances pertaining to the 2008 presentation have been reclassified to conform with the form 5500 presentation.

Note 9 - Plan amendments

During the current year the plan was amended from Huish Detergents, Inc. 401 (k) Profit Sharing Plan to The Sun Products Corporation 401 (k) Plan due to the change in name of the Plan sponsor. The Plan's employer match was changed to make matching contributions of the employee contribution equal to the sum of 100% of the first 3% of their deferral and 50% of the deferrals that exceed 3% up to 5%.

Note 10 - 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.

The fair value measurement accounting literature 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. There have been no changes in the methodologies used. The three levels of the fair value hierarchy are described below:

Level 1
Fair values are based on unadjusted quoted prices in active markets for identical assets. Mutual funds are valued at the net asset value of shares held by the plan at year end.

Level2
Fair values are based on inputs other than quoted prices within Level 1 that are observable for the asset, either directly or indirectly. The plan does not have any level two investments.

Level 3
Fair values are based on significant unobservable inputs for the asset. The Plan's Level 3 assets include participant loans. The fair value of participant loans approximates the amortized cost of the loans because the loans are secured by each respective participant's account balance. The fair value of the insurance contracts approximates the amortized cost of the contracts.

Note 10 - Fair value measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2009:

		Fair value hierarchy level		
	Assets measured at fair value	**Level 1**	**Level 2**	**Level 3**
Mutual funds	**$ 42,079,613**	**$ 42,079,613**	**$ -**	**$ -**
Participant loans	**4,394,713**	**-**	**-**	**4,394,713**
Total assets at fair value	**$ 46,474,326**	**$ 42,079,613**	**$ -**	**$ 4,394,713**

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2008:

		Fair value hierarchy level		
	Assets measured at fair value	**Level 1**	**Level 2**	**Level 3**
Mutual funds	$ 37,837,056	$ 37,837,056	$ -	$ -
Insurance Contracts	25,294	-	-	25,294
Participant loans	4,720,967	-	-	4,720,967
Total assets at fair value	$ 42,583,317	$ 37,837,056	$ -	$ 4,746,261

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the year ended December 31, 2009:

	Insurance contracts	**Participant loans**
Balance, beginning of year	**$ 25,294**	**$ 4,720,967**
Realized gains (losses)	**(1,341)**	**318,555**
Unrealized gains (losses) related to the instruments still held at the reporting date	**-**	**-**
Transfers in (out)	**(23,798)**	**(410,220)**
Purchases, sales, issuances, and settlements (net)	**(155)**	**(234,589)**
Balance, end of year	**$ -**	**$ 4,394,713**

Note 10 - Fair value measurements (continued)

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the year ended December 31, 2008:

	Insurance contracts	Participant loans
Balance, beginning of year	$ 33,070	$ 4,407,812
Realized gains (losses)	(3,814)	318,261
Unrealized gains (losses) related to the instruments still held at the reporting date	-	-
Transfers in (out)	(3,962)	261,432
Purchases, sales, issuances, and settlements (net)	-	(266,538)
Balance, end of year	$ 25,294	$ 4,720,967

Note 11 - Plan termination

Huish Detergents, Inc. 401(k) Profit-Sharing Plan was terminated due to a significant acquisition and name change by the plan sponsor, Huish Detergents, Inc. and the creation of a new 401 (k) plan. At December 31, 2009 the current Plan was in the process of terminating by transferring the plan assets to another 401(k) plan held by the Company in accordance with the provisions of the plan document and exclusively for the benefit of its participants. In accordance with generally accepted accounting principles, the Plan has changed its basis of accounting used to value plan assets from the ongoing plan basis to the liquidation basis for periods after December 31, 2008.

Note 12 - Subsequent events

The Company evaluated all events or transactions that occurred after December 31, 2009 through October 14, 2010, the date these financial statements were available to be issued. During this period, the final payment of benefits to participants was made during January 2010 which effectively terminated the plan.

The Sun Products Corporation 401(k) Plan

Schedule of Assets Held for Investment Purposes

EIN:87-0321861
Plan Number: 001
Schedule H, Line 4i - Form 5500

December 31 **2009**

{a}	{b}	{c}	{d}	{e}
	Identity of issue, borrower, lessor or similar party	*Description of investment, including maturity date, rate of interest, collateral, par or maturity value*	*Cost*	*Current Value*
	Mutual Fund	Vanguard Prime Money Market	**	$ 8,438,737
	Mutual Fund	Oakmark Global Fund	**	7,653,042
	Mutual Fund	Vanguard Retirement Savings Trust	**	6,051,679
	Mutual Fund	Vanguard Wellington Admiral Fund	**	5,396,890
	Mutual Fund	Vanguard Growth Index Admiral Fund	**	3,634,134
	Mutual Fund	Columbia Small Cap Z	**	3,518,639
	Mutual Fund	Clipper Fund	**	2,814,939
	Mutual Fund	Vanguard Total Stock Market Index Admiral Fund	**	2,654,563
	Mutual Fund	Lehman Brothers High Income Bond	**	1,868,964
	Mutual Fund	Weitz Partners Value Fund	**	48,026
	Participant Loans	Participant Loans 7.0 - 9.0%	-	4,394,713
Total assets held for investment purposes				$ 46,474,326

** These are participant-directed investments of an individual account plan

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name The Sun Products Corporation 401(k) Plan **EIN:** 87-0321861
Plan Sponsor's Name The Sun Products Corporation **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oakmark Global	Mutual Fund	8,312,387	7,653,042
	Clipper fund	Mutual Fund	4,000,231	2,814,938
	Neuberger Berman High Income Bond	Mutual Fund	1,776,064	1,868,963
	Columbia Small Cap Fund Z	Mutual Fund	4,333,001	3,518,639
	Participant Loans	Interest Rate 7 - 9%	4,394,713	4,394,713
	Weitz Parnters Value Fund	Mutual Fund	48,026	48,442
	Vanguard Total Stock Market	Mutual Fund Idx	2,654,563,188,216	2,654,563

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name The Sun Products Corporation 401(k) Plan **EIN:** 87-0321861
Plan Sponsor's Name The Sun Products Corporation **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard Prime Money Market	Mutual Fund Fund	8,438,737	8,438,737
	Vanguard Wellington Admiral	Mutual Fund Fund	5,406,864	5,396,890
	Vanguard Growth Index Signal	Mutual Fund Fund	4,110,167	3,634,134
	Vanguard Retirement Savings	Mutual Fund Trust	6,051,679	6,051,679