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.

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2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Pa	rt I Annual Report Ident	tification Information	on			
For c	calendar plan year 2009 or fiscal pla		/01/2009	and ending	09/30/2	2010
Ат	his return/report is for:	ingle-employer plan	multiple	employer plan (not multiemployer)		one-participant plan
	· —	rst return/report	x final retu	rn/report		
	· – – – – – – – – – – – – – – – – – – –	in amended return/report	short pla	n year return/report (less than 12 mo	onths)	
C	Check box if filing under:	orm 5558	H	c extension	,	DFVC program
•	The state of the s	pecial extension (enter de				
Pa	<u></u>	` `	· /			
	Name of plan	ion—enter an requested	imormation		1b	Three-digit
	RN, INC. MONEY PURCHASE PEN	ISION PLAN				plan number
						(PN) • 003
					1c	Effective date of plan 09/30/1992
	Plan sponsor's name and address ((employer, if for single-en	nployer plan)		2b	Employer Identification Number
THOR	RN, INC.				20	(EIN) 91-0863506 Plan sponsor's telephone number
PO BO	OX 87				20	509-382-4324
	ON, WA 99328				2d	Business code (see instructions)
2-	<u> </u>		. "0	***	26	111100
	Plan administrator's name and add		onsor, enter "San OX 87	ie")	30	Administrator's EIN 91-0863506
		DAYT	ON, WA 99328		3с	Administrator's telephone number 509-382-4324
4 If	the name and/or EIN of the plan sp	ponsor has changed since	e the last return/ı	eport filed for this plan, enter the	4b	EIN
n	ame, EIN, and the plan number fro	m the last return/report.	Sponsor's name		4.0	P.V.
52	Total number of participants at the	haginning of the plan you			+	PN
					5a	3
	Total number of participants at the				5b	0
С	Total number of participants with a complete this item)		•		5c	0
6a	Were all of the plan's assets during	g the plan year invested i	in eligible assets	? (See instructions.)		X Yes No
				ndent qualified public accountant (IC		
	•		•	tions.) -SF and must instead use Form 55		X Yes No
Par			use i oiiii 5500	-31 and must mistead use i orm 30	, ,,,,	
	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
	Total plan assets		7a	84134	8	0
b	Total plan liabilities		7b			
С	Net plan assets (subtract line 7b fro	om line 7a)	7c	84134	8	0
8	Income, Expenses, and Transfers	for this Plan Year		(a) Amount		(b) Total
	Contributions received or receivable					
	(1) Employers		` ` `			
	(2) Participants					
	(3) Others (including rollovers)					
	Other income (loss) Total income (add lines 8a(1), 8a(2)					0
	Benefits paid (including direct rollo					
	to provide benefits)					
е	Certain deemed and/or corrective of	distributions (see instructi	ions) 8e			
f	Administrative service providers (sa	alaries, fees, commission	s) 8f		_	
_	Other expenses					
_	Total expenses (add lines 8d, 8e, 8					0
	Net income (loss) (subtract line 8h	,	-			0
i	Transfers to (from) the plan (see in	nstructions)	8j	-84134	8	

Dart IV	Dlan	Characteristic	_
Part IV	Plan	Characteristic	Ş

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2C 3D

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

		7 11								
Part	٧	Compliance Questions								
10	Du	ring the plan year:				Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Deline 10a.)			10b		X			
С	W	as the plan covered by a fidelity bond?			10c	X				20000
d		the plan have a loss, whether or not reimbursed by the plan's fidel dishonesty?	•	•	10d		X			
е	ins	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the tructions.)	e benefits under the	e plan? (See	10e		X			
f	На	s the plan failed to provide any benefit when due under the plan?			10f		X			
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X			
h		nis is an individual account plan, was there a blackout period? (See			10h		X			
i		Oh was answered "Yes," check the box if you either provided the respections to providing the notice applied under 29 CFR 2520.101-3			10i					
Part	VI	Pension Funding Compliance								
11	ls tl 550	nis a defined benefit plan subject to minimum funding requirements 0))	s? (If "Yes," see inst	tructions and com	plete	Sched	lule SE	3 (Form	Yes	No
12								No		
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable								
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule ME					Day		T C & I	
-		er the minimum required contribution for this plan year		-			12b			0
		er the amount contributed by the employer to the plan for this plan					12c			0
	Sub	stract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a minu	us sign to the left	of a		12d			0
е	Wil	the minimum funding amount reported on line 12d be met by the fu	funding deadline?					Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	s a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Yes	X No
		'es," enter the amount of any plan assets that reverted to the emplo				Γ	13a			
b	We	re all the plan assets distributed to participants or beneficiaries, transhe PBGC?	nsferred to another	plan, or brought u	under	the co			X Yes	No
С		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne plai	n(s) to	•			
1	3c(1) Name of plan(s):				13	c(2) El	N(s)	13c(3)	PN(s)
THOF	RN, I	NC. PENSION PLAN			91-0	08635	06		002	2
Cauti	ion:	A penalty for the late or incomplete filing of this return/report	will be assessed u	unless reasonabl	le cau	ıse is	establ	ished.	1	
Unde	r pe	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as	declare that I have e	examined this retu	ırn/rep	ort, ir	ncludin	g, if applical		
belief		true, correct, and complete.								1
SIGI	1	iled with authorized/valid electronic signature.	07/15/2011	ERIC THORN						

Date

Date

Enter name of individual signing as plan administrator

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).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information					
For	calendar plan year 2009 or fiscal plan year beginning	10/01/	2009 and ending		09/30/2010	
Α	This retum/report is for: Single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan	
В	This return/report is for: first return/report	X final retu	rn/report			
	an amended return/report	short pla	n year return/report (less than 12 mg	nths)		
C	Check box if filing under: X Form 5558	⊣	c extension	. ,	DFVC program	
•	special extension (enter descrip	_	o catolida.		☐ by ve program	
D						
	art II Basic Plan Information—enter all requested info	mation		146		
Ia	Thorn, Inc. Money Purchase Pension Plan	,		ID	Three-digit plan number	
	morn, me, noney reremade rension rial	•			(PN) 003	
				1c	Effective date of plan	
					09/30/1992	
2a	Plan sponsor's name and address (employer, if for single-employ Thorn, Inc.	er plan)		2b	Employer Identification Number	
	inoin, inc.			-	(EIN) 91-0863506	
	PO Box 87			2C	Plan sponsor's telephone number 509-382-4324	91
	Dorothon WA 00000			2d	Business code (see instructions)	
	Dayton WA 99328				111100	
3a	Plan administrator's name and address (if same as Plan sponsor, Thorn, Inc.	enter "Sam	e")	3b	Administrator's EIN	
	PO Box 87			2-	91-0863506	
	Dayton WA 99328			36	Administrator's telephone number 509-382-4324	er
4	f the name and/or EIN of the plan sponsor has changed since the	last return/r	eport filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report. Spon	sor's name			***************************************	
5a	Total number of participants at the beginning of the plan year			4c	PN	
b				5a		3
				4 -	I I	
	Total number of participants at the end of the plan year			5b		0
	Total number of participants with account balances as of the end	of the plan	vear (defined benefit plans do not			
C	Total number of participants with account balances as of the end complete this item)	of the plan	year (defined benefit plans do not	5c	X Vec	0
с 	Total number of participants with account balances as of the end complete this item)	of the plan ible assets?	year (defined benefit plans do not (See instructions.)	5c		
с 	Total number of participants with account balances as of the end complete this item)	of the plan ible assets? If an indepe y and condi	year (defined benefit plans do not (See instructions.) ndent qualified public accountant (IQ	5c		0
6a b	Total number of participants with account balances as of the end complete this item)	of the plan ible assets? If an indepe y and condi	year (defined benefit plans do not (See instructions.) ndent qualified public accountant (IQ	5c		0 Vo
6a 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 of under 29 CFR 2520.104-46? (See instructions on waiver eligibility our answered "No" to either 6a or 6b, the plan cannot use rt III. Financial Information	of the plan ible assets? If an indepe y and condi	year (defined benefit plans do not (See instructions.) ndent qualified public accountant (IQ lions.) SF and must instead use Form 55	5c		0 Vo
6a b Pa	Total number of participants with account balances as of the end complete this item)	of the plan ible assets? If an indepe y and condit Form 5500	year (defined benefit plans do not (See instructions.) ndent qualified public accountant (IQ ions.) SF and must instead use Form 55 (a) Beginning of Year	5c PA)		0 Vo
6a b Pa 7	Total number of participants with account balances as of the end complete this item)	of the plan ible assets? If an indepe y and condit Form 5500	year (defined benefit plans do not (See instructions.) ndent qualified public accountant (IQ lions.) SF and must instead use Form 55	5c PA)	X Yes	0 Vo
6a b Pa 7 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 of under 29 CFR 2520.104-46? (See instructions on waiver eligibility our answered "No" to either 6a or 6b, the plan cannot use till Financial Information Plan Assets and Liabilities Total plan liabilities.	of the plan ible assets? if an indepe y and condi Form 5500 7a 7b	year (defined benefit plans do not (See instructions.) Indent qualified public accountant (IQ itions.) SF and must instead use Form 55 (a) Beginning of Year 84134	5c PA) 00.	X Yes	0 No
Ga b Pa 7 a b c	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 of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan cannot use of the plan cannot use of the plan cannot use of the plan Assets and Liabilities Total plan assets Total plan assets (subtract line 7b from line 7a).	of the plan ible assets? if an indepe y and condi Form 5500 7a 7b	year (defined benefit plans do not (See instructions.) ndent qualified public accountant (IQ ions.) SF and must instead use Form 55 (a) Beginning of Year	5c PA) 00.	X Yes	0 No
6a b Pa 7 a b c	Total number of participants with account balances as of the end complete this item)	of the plan ible assets? if an indepe y and condi Form 5500 7a 7b	year (defined benefit plans do not (See instructions.) Indent qualified public accountant (IQ itions.) SF and must instead use Form 55 (a) Beginning of Year 84134	5c PA) 00.	X Yes	0 No No
6a b Pa 7 a b c	Total number of participants with account balances as of the end complete this item)	of the plan ible assets? If an indepe y and condit Form 5500 7a 7b 7c	year (defined benefit plans do not (See instructions.) ndent qualified public accountant (IQ lions.) SF and must instead use Form 55 (a) Beginning of Year 84134	5c PA) 00.	X Yes []	0 No No
6a b Pa 7 a b c	Total number of participants with account balances as of the end complete this item)	of the plan ible assets? if an indepe y and condit Form 5500 7a 7b 7c 8a(1)	year (defined benefit plans do not (See instructions.) ndent qualified public accountant (IQ lions.) SF and must instead use Form 55 (a) Beginning of Year 84134	5c PA) 00.	X Yes []	0 No No
6a b Pa 7 a b c	Total number of participants with account balances as of the end complete this item)	of the plan ible assets? if an indepe y and condit Form 5500 7a 7b 7c 8a(1) 8a(2)	year (defined benefit plans do not (See instructions.) ndent qualified public accountant (IQ lions.) SF and must instead use Form 55 (a) Beginning of Year 84134	5c PA) 00.	X Yes []	0 No No
Ga b Pa 7 a b c 8 a	Total number of participants with account balances as of the end complete this item)	of the plan ible assets? if an indepe y and condi Form 5500 7a 7b 7c 8a(1) 8a(2)	year (defined benefit plans do not (See instructions.) ndent qualified public accountant (IQ lions.) SF and must instead use Form 55 (a) Beginning of Year 84134	5c PA) 00.	X Yes []	0 No No
Pa b c 8 a	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 ounder 29 CFR 2520.104-46? (See instructions on waiver eligibilit If you answered "No" to either 6a or 6b, the plan cannot use rt III Financial Information Plan Assets and Liabilities Total plan liabilities 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) Other income (loss)	of the plan ible assets? if an indepe y and condii Form 5500 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	year (defined benefit plans do not (See instructions.) ndent qualified public accountant (IQ lions.) SF and must instead use Form 55 (a) Beginning of Year 84134	5c PA) 00.	X Yes []	0 No 0 0
Ga b Pa 7 a b c 8 a	Total number of participants with account balances as of the end complete this item)	of the plan ible assets? if an indepe y and condii Form 5500 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	year (defined benefit plans do not (See instructions.) ndent qualified public accountant (IQ lions.) SF and must instead use Form 55 (a) Beginning of Year 84134	5c PA) 00.	X Yes []	0 No No
Pa b c 8 a b c	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 ounder 29 CFR 2520.104-46? (See instructions on waiver eligibilit If you answered "No" to either 6a or 6b, the plan cannot use rt III Financial Information Plan Assets and Liabilities Total plan liabilities 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) Other income (loss)	of the plan ible assets? if an indepe y and condii Form 5500 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	year (defined benefit plans do not (See instructions.) ndent qualified public accountant (IQ lions.) SF and must instead use Form 55 (a) Beginning of Year 84134	5c PA) 00.	X Yes []	0 No 0 0
Pa b c 8 a b c	Total number of participants with account balances as of the end complete this item)	of the plan ible assets? if an indepe y and condi Form 5500 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	year (defined benefit plans do not (See instructions.) ndent qualified public accountant (IQ lions.) SF and must instead use Form 55 (a) Beginning of Year 84134	5c PA) 00.	X Yes []	0 No 0 0
Pa b c 8 a b c d	Total number of participants with account balances as of the end complete this item)	of the plan ible assets? if an indepe y and condit Form 5500 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	year (defined benefit plans do not (See instructions.) ndent qualified public accountant (IQ lions.) SF and must instead use Form 55 (a) Beginning of Year 84134	5c PA) 00.	X Yes []	0 No 0 0
Pa b c b b c d e	Total number of participants with account balances as of the end complete this item)	of the plan ible assets? if an indepe y and condit Form 5500 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	year (defined benefit plans do not (See instructions.) ndent qualified public accountant (IQ lions.) SF and must instead use Form 55 (a) Beginning of Year 84134	5c PA) 00.	X Yes []	0 No 0 0
Pa b c B a b c d e f	Total number of participants with account balances as of the end complete this item)	of the plan ible assets? if an indepe y and condit Form 5500 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	year (defined benefit plans do not (See instructions.) ndent qualified public accountant (IQ lions.) SF and must instead use Form 55 (a) Beginning of Year 84134	5c PA) 00.	X Yes []	0 No O O O O O O O O O O O O O O O O O O
Pa b c b c d e f g	Total number of participants with account balances as of the end complete this item)	of the plan ible assets? if an indepe y and condii Form 5500 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	year (defined benefit plans do not (See instructions.) ndent qualified public accountant (IQ lions.) SF and must instead use Form 55 (a) Beginning of Year 84134	5c PA) 00.	X Yes []	0 No 0 0

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Form	DOUBLE	o l	ZUUS

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Page Zel	_	^	
	Uana	/-	
	raue		

Enter name of individual signing as employer or plan sponsor

3.57.5								
<u> </u>	t IV Plan Characteristics							·
9a	If the plan provides pension benefits, enter the applicable pension feat 2C 3D							
b	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes from the	List of Plan Chara	ıcterisi	ic Coc	les in l	he instruction	ons:
Part	V Compliance Questions							
10	During the plan year:				Yes	No	1	Amount
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial	ry Correction Progr	ram)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest? (Don line 10a.)	o not include trans	sactions reported	10ь		Х		
C	Was the plan covered by a fidelity bond?			10c	х		***************************************	20000
đ	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that was	caused by fraud	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other properties insurance service or other organization that provides some or all of the instructions.)	persons by an insu	rance carrier, ne plan? (See	10e		х	<u> </u>	
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	<u> </u>	Х		
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)	e instructions and 2	29 CFR	10h		х		
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or a	ne of the	10ii				
Part	1.77						<u> </u>	
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	s? (If "Yes," see ins	structions and com	plete S	Schedi	ule SB	(Form	☐ Yes ☐ No
12	Is this a defined contribution plan subject to the minimum funding req	uirements of section	on 412 of the Code	OF 500	otion 2	03.651	- DICAG	
			MI 412 OF THE COOR	or sec	mon 3	UZ OF I	:RISA?	X Yes No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)						
а	If a waiver of the minimum funding standard for a prior year is being a	mortized in this pla	ın year, see instruc	tions,	and e	nter th	e date of the	e letter ruling
	granung the waiver.	**************		h		Day.	, ·	/ear
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MI		-		_			
b	Enter the minimum required contribution for this plan year					12b		0
C	Enter the amount contributed by the employer to the plan for this plan	уеаг	·	**>**	[12c		0
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a min	ius sian to the left c	of a		12d		0
e	Will the minimum funding amount reported on line 12d be met by the f	unding deadline?	*************************				Yes	No N/A
Part						<u></u>	<u></u>	<u> </u>
13a	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	ar?					Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the employee	oyer this year	******************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Г	13a		
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	nsferred to anothe	r plan, or brought u	ınder t	he cor	ntroi		X Yes No
C	If during this plan year, any assets or liabilities were transferred from twhich assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	e plan	(s) to			
1	3c(1) Name of plan(s):				13c	(2) EII	i(s)	13c(3) PN(s)
Thorn, Inc. Pension Plan 91-0863506 002								
					_			
Cauti	on: A penalty for the late or incomplete filing of this return/report	will be assessed	uniess reasonable	e caus	se is e	stabli	shed.	1
Unde SB or	penalties of perjury and other penalties set forth in the instructions, I of Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	fectare that I have	examined this return	rnlcon	ort inc	di relime	if anntingt	le, a Schedule nowledge and
SIG	Mon Suc. by Eric Mom	7/13/11	ERIC THORN					
HER		Date	Enter name of inc	dividos	al sinn	ino ac	nlan admini	strator
SIGI	Allen he Alle Holes	7/13/11	ERIC		HOR		भवा वर्षामा	DI di Oi
HER			Enter name of inc	2. 1 2			omolow	r olon casa
			L HOLLIG ULIK	-14144	أأليااكس	แน สร	CHUIUVEL O	Lutan Shonsor