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.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010)	and ending 1	2/31/2	2010
Α	This return/report is for: single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report				
	an amended return/report	short plan	year return/report (less than 12 mo	nths)	
С	Check box if filing under:	automatic	extension		DFVC program
	special extension (enter descriptio	n)			
Pa	art II Basic Plan Information—enter all requested informa	ation			
	Name of plan			1b	Three-digit
SPD	401(K) PROFIT SHARING PLAN				plan number 001
				4.0	(PN) •
				10	Effective date of plan 04/01/1995
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number
	OKEY POINT DISTRIBUTING, INC.	. ,			(EIN) 91-1088720
1730	05 59TH AVENUE N.E.			2c	Plan sponsor's telephone number 360-435-5737
	NGTON, WA 98223			2d	Business code (see instructions)
					484110
	Plan administrator's name and address (if same as Plan sponsor, er			3b	Administrator's EIN 91-1088720
SIVIC	ARLINGTON,			30	Administrator's telephone number
				30	360-435-5737
	If the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	PN
5a	Total number of participants at the beginning of the plan year			5a	98
b				5b	91
C	Total number of participants with account balances as of the end of			30	
	complete this item)		•	5c	43
6a	Were all of the plan's assets during the plan year invested in eligibl	e assets?	(See instructions.)		Yes No
b					X Yes ☐ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		
Pa	art III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	671813	3	819081
b	Total plan liabilities	. 7b			
С	Net plan assets (subtract line 7b from line 7a)	. 7c	671813	3	819081
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:	0-/4	9436	6	
	(1) Employers	8a(1)	66153		
	(2) Participants	8a(2)	00100	_	
h	(3) Others (including rollovers) Other income (loss)	8a(3)	87884	4	
b	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	3.55		163473
c d	Benefits paid (including direct rollovers and insurance premiums	. 60			
u	to provide benefits)	. 8d	14336	5	
е	Certain deemed and/or corrective distributions (see instructions)	8e		_	
f	Administrative service providers (salaries, fees, commissions)	8f	1338	_	
g	Other expenses	. 8g	53	1	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			16205
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			147268

	F	orm 5500-SF 2010 Page 2-							
Par	t IV	Plan Characteristics							
)a	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cl	aracteri	stic Co	des in	the instruc	ctions		
		2F 2G 2J 2K 2T 3D		4:- 0-			·:		
D	ii trie	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch	aracteris	stic Coo	ues in i	ne instruc	แบกระ		
art	٧	Compliance Questions							
0	Durir	ng the plan year:		Yes	No		Amo	unt	
а		there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in 10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte ne 10a.)	d 10b		X				
С	Was	the plan covered by a fidelity bond?	10c	X				•	100000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau	d 10d		X				
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X				
f		the plan failed to provide any benefit when due under the plan?			X				
		· · · · · · · · · · · · · · · · · · ·	10f		X	 			
g		he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g						
	2520	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
ı		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
1		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c						Yes	No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ection 3	302 of	ERISA?		Yes	X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	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	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	3.	Г					
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				
a		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d				
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
		es," enter the amount of any plan assets that reverted to the employer this year			13a	<u> </u>			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brouge PBGC?						Yes	X No

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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	10/04/2011	DAN WIRKKALA
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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Department of the Treasury Internal Revenue Service

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OMB Nos. 1210-0110 1210-0089

2010

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P6:	ision Beneiil Guaranty Corporation	▶ Complete all entries in accord	lance with	the instructions	to the Form 5500-	SF.			
Pa		entification Information	22 / 62 / 62	010	and cadi		2/21/2010	I	
For c	alendar plan year 2010 or fiscal		01/01/2		and ending		2/31/2010		
Ат	his return/report is for: $\stackrel{[X]}{=}$	single-employer plan	multiple-er	nployer plan (not	multiemployer)	L	one-participa	nt plan	
Вт	his return/report is for:	first return/report	final return	/report					
		an amended return/report	short plan	year return/report	t (less than 12 mont)	າຣ) _	_		
Co	heck box if filing under:	Form 5558	automatic	extension			DFVC progra	m	
		special extension (enter description	n)						
Pa	t II Basic Plan Inform	nation—enter all requested informa	ation						
1a	Name of plan			***			Three-digit		
	SPD 401(K) PROFIT S	SHARING PLAN					olan number	001	
					-	, 	PN) ffective date o		
					1		04/01/199	•	
2a	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)				-	fication Number	
	SMOKEY POINT DISTRI	IBUTING, INC.	,			(<u>EIN) 91-108</u>	8720	
	17305 59TH AVENUE N				and the state of t			elephone number	
	TAGO DELL MADNOR L	N . 15 .			<u> </u>	······	360-435-5	see instructions)	
	ARLINGTON	WA 98223					484110	see manucuona)	
3a	Plan administrator's name and a	address (if same as Plan sponsor, e IBUTING, INC.	nter "Same	")			Administrator's		
	SMOKEY POINT DISTRI	IBUTING, INC.					91-108872		
	17305 59TH AVENUE N						Administrator's telephone nu 360-435-5737		
	ARLINGTON	MA 98223 in sponsor has changed since the la	st return/re	nort filed for this r	lan enter the	4b i		131	
		r from the last return/report. Sponso		301 tinda 101 tind p	Jan, Graes the	75/	w(: V		
	•					4c	PN		
		the beginning of the plan year			<u> </u>	<u>5a</u>		98	
	b Total number of participants at the end of the plan year							91	
C		th account balances as of the end o				E 4		43	
		***************************************				5c		X Yes No	
		uring the plan year invested in eligible annual examination and report of					.,	W see [] 140	
D	under 29 CFR 2520.104-46?	se annual examination and report of See instructions on waiver eligibility	and conditi	oent quanneu pui ons.)	one accountant (rear	~, .,		X Yes No	
		er 6a or 6b, the plan cannot use F							
Pa	rt III Financial Informa	ation				т—			
7	Plan Assets and Liabilities			(a) Begi	nning of Year	ļ	(b) End	of Year	
а	Total plan assets		. 7a		671813	_		819081	
b	Total plan liabilities		. 7b						
С	Net plan assets (subtract line 7	7b from line 7a)	. 7c		671813	<u> </u>		819081	
8	Income, Expenses, and Transf	fers for this Plan Year	NAME:	(a) A	Amount	<u> </u>	(b)	Total	
а	Contributions received or recei				0437				
				,,,,,,	9436	⊣ ։ ։			
	• •	***************************************			66153	4			
)	1		0700				
b	` '				87884				
C		8a(2), 8a(3), and 8b)	. 8c	<u> </u>		1 1 1 1 1	gradustings to	163473	
d		rollovers and insurance premiums	8d		14336	5			
e	Certain deemed and/or correct	tive distributions (see instructions)	. 8e						
f	Administrative service provider	rs (salaries, fees, commissions)	8f		1338	3			
g	Other expenses	***************************************	8g		531	L			
h	T (-44 K 64	6 66 16 5	8h		되는 및 하고, 독표 가는 말씀한	-1		16205	
	i otal expenses (add lines 80, i	8e, 8f, and 8g)	011		lagar e la companya de la companya				
i	•	e 8h from line 8c)						147268	

Part	IV	Plan Characteristics							
9a		plan provides pension benefits, enter the applicable pension feature code $2F\ 2G\ 2J\ 2K\ 2T\ 3D$	es from the List of Plan	n Characteris	tic Co	đes in	the instru	ictions:	
b	the state of the s								
Part	V	Compliance Questions							
10		ng the plan year:			Yes	No		Amount	
а	Was	there a failure to transmit to the plan any participant contributions within CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corre				Х			
b	Wer	e there any nonexempt transactions with any party-in-interest? (Do not in	clude transactions rep	orted		X			
С		s the plan covered by a fidelity bond?			Х				100000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond ishonesty?				X			
е	insu	e any fees or commissions paid to any brokers, agents, or other persons rance service or other organization that provides some or all of the benef uctions.)	ts under the plan? (So	e		Х			
f	Has	the plan failed to provide any benefit when due under the plan?	***	10г		Х			
g	Did 1	the plan have any participant loans? (If "Yes," enter amount as of year en	d.}	10a		Х	- "		· · · · · · · · · · · · · · · · · · ·
•	lf thi	is is an individual account plan, was there a blackout period? (See instruc	tions and 29 CFR			Х			
ř	if 10	0.101-3.)	notice or one of the						
A	10000					L	17.7757777		
		Pension Funding Compliance	H Toward make and	nd complete	Cabad	lula CI	2 (Corm		
11	5500	is a defined benefit plan subject to minimum funding requirements? (If "Y.	es, see instructions a	na compiete	SCHEU		·······	. Ye	s No
12		nis a defined contribution plan subject to the minimum funding requiremen						1	s X No
		/es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						_	
а	lfav	waiver of the minimum funding standard for a prior year is being amortize	d in this plan year, sec	instructions	, and e	enter ti	ne date o	f the letter	ruling
	gran	iting the waiver.		Month		Day	mercen	Year	
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Forn			_		T	-	
b	Ente	er the minimum required contribution for this plan year	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		12b			
С	Ente	er the amount contributed by the employer to the plan for this plan year			****	12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding	deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted during the plan year or a	nv prior vear?						es X No
100					- 1	13a			
h		es," enter the amount of any plan assets that reverted to the employer the e all the plan assets distributed to participants or beneficiaries, transferre				ontrol			
	of th	ne PBGC?			.>,,,,,,,,			Y	es X No
C	whic	ch assets or liabilities were transferred. (See instructions.)	(to anonce plants), a	Total and the pre-					
	13c(1) Name of plan(s):			13c(2) EIN(s) 13c(3) P			(3) PN(s)	

Cant	ion.	A penalty for the late or incomplete filing of this return/report will be	assessed unless re	asonable ca	use is	estab	tished.		
Unde SB o	er per er Sch	nalties of perjury and other penalties set forth in the instructions, I declare ledule MB completed and signed by an enrolled actuary, as well as the electric, and complete.	that I have examined	this return/re	eport, ii	ncludir	ng, if appl	icable, a S ny knowled	chedule ge and
10.000		Mah 11 0 15 1:1 1:0 11	11	Jull.	T10.		L-y		
	FRE				EUE Il gen fy't Z e of individual signing as plan administrator				
HEF	LE	Signature of plan administrator U U U Date	Enter na	me of individ	iual-siç	ining a	is plan ac	iministrato	Γ
SIG									
HER	SE	Signature of employer/plan sponsor Date	Enter na	ime of individ	lual sig	ning a	as employ	er or plan	sponsor

Page **2-**

Form 5500-SF 2010