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

Part I Annual Report Identification Information										
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009									
Α .	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		nt plan				
В				n/report						
		an amended return/report	short plar	n year return/report (less than 12 m	onths)					
C	Check box if filing under: Form 5558 automatic extension				,	DFVC program	m			
	special extension (enter description)									
Do	art II Basic Plan Infor	<u> </u>	. /							
_	·	mation—enter all requested inf	ormation		1h	Three-digit				
	Name of plan RE CORPORATION 401(K) PS PLAN				15	plan number				
						(PN) •	001			
				1c	Effective date of					
						07/15/2007				
	Plan sponsor's name and addi	ress (employer, if for single-emplo	oyer plan)		2b	2b Employer Identification Number				
IVIPIF	RECORPORATION				20	(EIN) 06-1735325 2c Plan sponsor's telephone number				
1725	WESTLAKE AVENUE NORTH	1			-	206-302				
	E 203 TTLE, WA 98109				2d	Business code (s	see instructions)			
	•		. "0		26	541990	-15.1			
	Plan administrator's name and RE CORPORATION	I address (if same as Plan sponso	or, enter "Same STLAKE AVE		30	Administrator's E				
		SUITE 20			3c		elephone number			
		SEATTL	E, WA 96109			206-302				
	•	an sponsor has changed since th		eport filed for this plan, enter the	4b	EIN				
l	name, EIN, and the plan number	er from the last return/report. Spo	onsor's name		4c	PN				
5a	Total number of participants at the beginning of the plan year					14				
b					. 5b		19			
C				30		19				
	complete this item)			. 5c		8				
6a	Were all of the plan's assets	during the plan year invested in e	ligible assets?	(See instructions.)			X Yes No			
b				ndent qualified public accountant (I			V v. D N			
		,	•	ions.)			X Yes No			
Pa	rt III Financial Inform		e romi 5500-	SF and must instead use Form 5	300.					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
-			7a	(a) Beginning of Tear	56					
	•			3.00	0	5983				
C		7b from line 7a)		610		59838				
8	Income, Expenses, and Trans		70	(a) Amount		(b) Total				
а	Contributions received or rece			(a) Amount		(b) Total				
			8a(1)	(
	(2) Participants		8a(2)	19750						
	(3) Others (including rollovers	3)	8a(3)	C						
b	Other income (loss)	ncome (loss)		15						
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				29495			
d		rollovers and insurance premium		29848						
е	Certain deemed and/or corrective distributions (see instructions)			865						
f	Administrative service providers (salaries, fees, commissions)		′	0						
g	•	ther expensesther expenses			0					
9 h	•	8e, 8f, and 8g)					30713			
ï		e 8h from line 8c)					-1218			
i	, , ,	ee instructions)					.210			

D (IV/	DI	O L	
Part IV	Plan	Characi	reristics

SIGN HERE

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: 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:

art	V Compliance Questions								
0	During the plan year:		Yes	No	Amount				
а	as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reponsition 10a.)			X					
С	Was the plan covered by a fidelity bond?	10с		Χ					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by for dishonesty?			X					
е	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)			X					
f	Has the plan failed to provide any benefit when due under the plan?	··· 10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	109		X					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI Pension Funding Compliance								
1		Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))							
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code or se	ction 3	302 of I	ERISA?		Yes	X No	
	(If "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								
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			12b					
	inter the minimum required contribution for this plan year			12c					
	Enter the amount contributed by the employer to the plan for this plan year								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	o	N/A	
art									
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					П	Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						X No		
C 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):				c(2) EI	N(s)	1	3c(3)	PN(s)	
Cauti	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reas	sonable cau	ıse is	establ	ished.	•			
ВВ о	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined the r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this f, it is true, correct, and complete.								
SIGI	Filed with authorized/valid electronic signature. 06/11/2010 JEFF BERGSTRON			1					
HER		name of individual signing as plan administrator							

Date

Enter name of individual signing as employer or plan sponsor