	Form 5500-SF	Short Form Annual R	OMB Nos. 1210-0110 1210-0089							
				Plan		2009				
Department of Labor Retirement Income Security A				ctions 104 and 4065 of the Employe (ERISA), and section 6058(a) of the ode (the Code).	This Form is Open to Public					
P	ension Benefit Guaranty Corporation	0-SF.	Inspection							
	Person benefit Guaranty corporation Complete all entries in accordance with the instructions to the Form 5500-SF. 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	his return/report is for:					one-participant plan				
B	This return/report is for:	first return/report an amended return/report	n/report							
		i year return/report (less than 12 mc	· · · · · · · · · · · · · · · · · · ·							
C	C Check box if filing under:									
		special extension (enter descriptio								
		nation—enter all requested information	ation		16	Thursday diata				
	Name of plan					Three-digit plan number				
7000						(PN) • 001				
						Effective date of plan 10/01/1999				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-1668644				
1200	SOUTH 192ND STREET				2c	Plan sponsor's telephone number 206-439-9200				
SEATTLE, WA 98148						Business code (see instructions) 488990				
	Plan administrator's name and INTERNATIONAL	3b	Administrator's EIN 91-1668644							
_		SEATTLE, W		3c	Administrator's telephone number 206-439-9200					
		n 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's na					4c	PN				
5a	Total number of participants at	the beginning of the plan year		5a	5					
b	Total number of participants at	5b	5							
C		th account balances as of the end of	· ·	5c	5					
6a	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
Part III Financial Information										
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets	n assets		97 2866						
b	Total plan liabilities		7b							
C	Net plan assets (subtract line 7	b from line 7a)	7c	19009	7	28668				
8	Income, Expenses, and Transf			(a) Amount	-	(b) Total				
а	Contributions received or recei (1) Employers	vable from:	8a(1)	432	6					
				1811	0					
b	Other income (loss)		8b	7415	5					
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			96591				
d		ollovers and insurance premiums	04							
•	, ,	ivo diatributiana (ana inatruatiana)								
e f		ive distributions (see instructions) s (salaries, fees, commissions)								
g	•									
9 h	•	3e, 8f, and 8g)	Ŭ			0				
i		8h from line 8c)				96591				
j		e instructions)	-							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Part IV **Plan Characteristics**

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E
 - 2G 2J 2K 2T 3D 2F
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions								
10	During the plan year:		Yes	No		Amo	unt		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			x					
С	Was the plan covered by a fidelity bond?		Х					238000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)			x					
f	as the plan failed to provide any benefit when due under the plan?			Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			Х					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			х					
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								
Part	VI Pension Funding Compliance								
11									
 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes 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. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year. 									
	, , , , , , , , , , , , , , , , , , , ,								
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	D	N/A	
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						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?							× No	
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to						
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.	07/30/2010	JOANNE SUMMERS
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