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).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	-		
		dentification Information						
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200)9	and ending 1	2/31/2	2009		
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participar	nt plan	
В	This return/report is for:	first return/report	final retur	n/report		_		
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)			
C	Check box if filing under:	X Form 5558	automatic	extension		DFVC program	m	
	•	special extension (enter description	on)			_		
Pa	rt II Basic Plan Infor	mation—enter all requested inform	nation					
	Name of plan	orice an requested intern	idilon		1b	Three-digit		
	LPING HAND, INC. 401(K) PL	AN & TRUST				plan number	004	
						(PN) •	001	
					1c	Effective date of		
20	Dia and a series and a dela		1 \		2h	01/01/20		. 1
	Plan sponsor's name and addi LPING HAND, INC.	ress (employer, if for single-employer	r pian)		20	Employer Identifi (EIN) 20-0162		nber
					2c	Plan sponsor's te		umber
	20TH AVE NW					206-686	-7440	
SEA	TLE, WA 98107				2d	Business code (s	ee instruct	tions)
32	Plan administrator's name and	l address (if same as Plan sponsor, e	ntor "Same	2")	3h	621610 Administrator's E	INI	
	LPING HAND, INC.	5600 20TH A	AVE NW	.	35	20-0162		
		SEATTLE, V	VA 98107		3с	umber		
	: the manner and/on FINI of the mi				206-686-7440			
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. Sponsor's name						EIN		
	, ,				4c	PN		
5a	Total number of participants a	t the beginning of the plan year			5a			84
b	b Total number of participants at the end of the plan year							109
С	C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not							44
	, ,				5c		V V	11
		during the plan year invested in eligib					× Yes	No
b		he annual examination and report of (See instructions on waiver eligibility					X Yes	No
		ner 6a or 6b, the plan cannot use F					_	
Pa	rt III Financial Inform	ation						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		. 7a	12017	7	• •		38027
b	Total plan liabilities		. 7b	1387	7			1676
С	Net plan assets (subtract line	7b from line 7a)	. 7с	10630	0			36351
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) To	otal	
а	Contributions received or received							
	• • • •)			
				19990				
	, ,	s)	1		0			
b	` ,			8067	7			
С		8a(2), 8a(3), and 8b)	. 8c					28057
d		rollovers and insurance premiums	8d		0			
е		tive distributions (see instructions)		2336	5			
f		ers (salaries, fees, commissions)		()			
g	Other expenses		8g)			
h	•	8e, 8f, and 8g)						2336
i		e 8h from line 8c)						25721
i		ee instructions)		()			

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Dart IV	Dian	Characte	orictics
Part IV	Plan	Charact	eristics

Signature of plan administrator

SIGN HERE Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

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

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

Part \	Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a	Nas there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	10a		X					
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
С	Was the plan covered by a fidelity bond?	10c	X				20000		
	Did the plan have a loss, whether or not reimbursed by the plan's fic	10d		X					
į	Nere any fees or commissions paid to any brokers, agents, or other nsurance service or other organization that provides some or all of to nstructions.)	10e	X				196		
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 o	of year end.)		10g		X			
h	f this is an individual account plan, was there a blackout period? (Se	ee instructions and	29 CFR	10h		X			
	f 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	•		10i					
Part V	Pension Funding Compliance								
	s this a defined benefit plan subject to minimum funding requiremen							Yes	s X No
12	Is this a defined contribution plan subject to the minimum funding re	equirements of secti	on 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	s X No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	ole.)							
	f a waiver of the minimum funding standard for a prior year is being								
	granting the waiver ou completed line 12a, complete lines 3, 9, and 10 of Schedule M			th		Day		Year	
	Enter the minimum required contribution for this plan year				Γ	12b			
	Enter the amount contributed by the employer to the plan for this plan					12c			
d s	Subtract the amount in line 12c from the amount in line 12b. Enter the pagative amount)	ne result (enter a mi	nus sign to the left	of a		12d			
e \	Vill the minimum funding amount reported on line 12d be met by the	e funding deadline?					Yes	No	N/A
Part V		<u> </u>							
	Has a resolution to terminate the plan been adopted during the plan	vear or any prior ve	ear?					Yes	No
	f "Yes," enter the amount of any plan assets that reverted to the em				Г	13a		<u> </u>	
b \	Vere all the plan assets distributed to participants or beneficiaries, to the PBGC?	ransferred to anoth				ntrol		Yes	s X No
	f during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to anothe	er plan(s), identify th	ne pla	n(s) to				
13	13c(1) Name of plan(s):						N(s)	13c(3) PN(s)
Cautio	n: A penalty for the late or incomplete filing of this return/repor	rt will be assessed	l unless reasonab	le cau	ıse is	establ	ished.	L	
Under SB or S	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	I declare that I have	e examined this retu	ırn/re _l	port, in	cludin	g, if applic		
SICN	Filed with authorized/valid electronic signature.	10/07/2010	STEVEN JUNGK						
SIGN HERE	Signature of plan administrator	Date	Enter name of in	ndivid	اما واما	nina a	e plan adr	ninietrator	

Date

Date

10/07/2010

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

STEVEN JUNGK

Form 5500-SF

Department of the Treasury Internal Revenue Service

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2009

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OMB Nos. 1210-0110

1210-0089

Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the

P	ension Benefit Guaranty Corporation	► Complete all entries in accorda	ance with t	he instructions to the Form 550	0-SF.				
Ps	Annual Report	Identification Information							
Part I Annual Report Identification Information For the calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009									
				ployer plan (not multiemployer)	Г	one-participar	nt nian		
A 7	his return/report is for:					1 one-participal	πριαπ		
3 1	his retum/report is for:	ightharpoord in the first return/report in the first return re	inal retum/r	eport					
		an amended return/report	short plan ye	ear retum/report (less than 12 mont	hs) _	_			
c c	Check box if filing under:	x Form 5558	automatic e	xtension		DFVC program	m		
•	one sow it iming an arm	special extension (enter description)			 -	_			
-									
		rmation enter all requested inform	nation.		1h -	Three-digit			
ıa	Name of plan					olan number			
	A Helping Hand, Inc.	. 401(k) Plan & Trust				(PN) ►	001		
					1	Effective date of	fplan		
						01/01/2008	Process Advantage		
2a	Plan sponsor's name and add	dress (employer, if for single-employer pla	ın)		1	Employer identi (EIN) 20-01(fication Number		
	A Helping Hand, Inc.	•				· · · · · · · · · · · · · · · · · · ·	elephone number		
	5600 20th Ave NW					(206) 686-7	•		
					2d	Business code (see instructions)		
US	Seattle	WA 98107				621610			
3a		d address (If same as plan employer, ent	ter "Same")		30	Administrator's	EIN		
	Same								
					3c	3c Administrator's telephone number			
<u> </u>	V 0	plan sponsor has changed since the last	return/reno	et filed for this plan, enter the	4b	FIN			
4	name. EIN and the plan num	ber from the last return. Sponsor's Name	retumnepo	it med for this plan, enter the	4c PN				
						PN			
5a	Total number of participants	at the beginning of the plan year			5a		84 109		
b		at the end of the plan year			5b		103		
С		with account balances as of the end of th			5c		11		
62	Were all of the plan's assets	during the plan year invested in eligible a	ssets? (See	instructions.)			x Yes ☐ No		
b		the annual examination and report of an					_		
	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility and	l conditions.)			XYes No		
	If you answered "No" to eit	her 6a or 6b, the plan cannot use Form	5500-SF a	nd must instead use Form 5500.					
P	rt III Financial Infor	mation							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		. 7a	12,017			38,027		
b	Total plan liabilities		7b	1,387			1,676		
С	Net plan assets (subtract line	a 7b from line 7a)	7c	10,630			36,351		
				(a) Amount		(h)	Total		
8	Income, Expenses, and Tran Contributions received or rec			(a) ranount	// // // // // // // // // // // // //				
а	(1) Employers		8a(1)	0					
			. 8a(2)	19,990					
	(3) Others (including rollove		. 8a(3)	0					
b	Other income (loss)	•	. 8b	8,067					
			. 8c				28,057		
c d		t rollovers and insurance premiums	- 00	THE RESERVE OF THE PARTY OF THE	27.0				
~	to provide benefits)		8d	0					
е	•	ective distributions (see instructions)	. 8e	2,336					
		ders (salaries, fees, commissions)	. 8f	0					
T	•	`		0	7,576				
9	Other expenses		· 8g				2,336		
h	•	d, 8e, 8f, and 8g)			100	······································	25,721		
İ	Net income (loss) (subject lir	ne 8h from line 8c)					/21/10/20/20/20/20/20/20/20/20/20/20/20/20/20		
i	Transfers to (from) the plan ((see instructions)	. 8j	0					

9a	If the plan provides pension benefits, enter the applicable pension feat 2E 2J	ture codes from the L	st of Plan Characteristic	Codes	in the	instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare featu	re codes from the Lis	t of Plan Characteristic C	odes i	n the i	nstructions:		
Pa	t V Compliance Questions							
10	During the plan year:			Yes	No	Ar	nount	
а	Was there a failure to transmit to the plan any participant contribution	n within the time perio			x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar Were there any nonexempt transactions with any party-in-interest? (I				<u> </u>			
U	on line 10a.)				x			
С	Was the plan covered by a fidelity bond?						20,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fid-				 		,	
	or dishonesty?				x			
е	Were any fees or commissions paid to any brokers, agents, or other prinsurance services or other organization that provides some or all of instructions.)	the benefits under th	e plan? (See	x			196	
f	Has the plan failed to provide any benefit when due under the plan?		· · · · · 10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as o	of year end.)			x			
h	If this is an individual account plan, was there a blackout period? (Se	e instructions and 29	CFR		-		A CONTRACT	
,	2520.101-3.)				x			
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or one	of the 101					
Par	VI Pension Funding Compliance					A STATE OF THE PARTY OF THE PAR		
11	Is this a defined benefit plan subject to minimum funding requirement	nts? (If "Yes," see inst	ructions and complete So	hedul	e SB (Form	Dyes Glas	
12	5500))						Yes X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab		412 of the Code of Section	on 302	2 01 EF	115A?	L Tes LINO	
а	If a waiver of the minimum funding standard for a prior year is being		year, see instructions, a	nd ent	er the	date of the let	tter ruling	
	granting the waiver		Month		Da	y Y	ear	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule M	,	•	Г	126	<u> </u>		
b	Enter the minimum required contribution for this plan year			-	12b 12c			
c d	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the	•		· -	120			
_	negative amount)			. L	12d			
e	Will the minimum funding amount reported on line 12d be met by the	funding deadline?				Yes [□No □N/A	
Par	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan			٠			Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the emp	ployer this year .			13a			
b	Were all the plan assets distributed to participants or beneficiaries, tr		plan, or brought under th	e cont	rol			
С	of the PBGC?		lan(s) identify the plan(s				Yes X No	
	which assets or liabilities were transferred. (See instructions.)	and plan to another p	nari(o); raominy ino pian(o	, 10				
	3c(1) Name of plan(s):			13	c(2) E	IN(s)	13c(3) PN(s)	
Caut	on: A penalty for the late or incomplete filing of this return/report v	will be assessed uni	ess reasonable cause i	s esta	blishe	ed.		
Unde SB o	penalties of perjury and other penalties set forth in the instructions, I d Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	declare that I have ex	amined this return/report,	includ	ling, if	applicable, a	Schedule dge and	
SIC	N L TO LOS	10/5/10	STEVEN JUNGK					
HE		Date	Enter name of individua	ıl signi	ing as	plan administ	rator	
SIC	N S	calslia	STEVEN JUNGK			tu.		
HE		Date	Enter name of individua	ıl siani	ng as	emplover or n	lan sponsor	
	The state of the s							

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Part IV Plan Characteristics