## 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

		Identification Informati					
For	calendar plan year 2009 or fi		//01/2009	and ending	12/31	/2009	
Α	This return/report is for:	X single-employer plan	multip	le-employer plan (not multiemployer)		one-participa	int plan
В	This return/report is for:	first return/report	final re	eturn/report			
		an amended return/report	short	plan year return/report (less than 12 n	nonths)		
С	Check box if filing under:	X Form 5558	autom	natic extension		DFVC progra	am
		special extension (enter d	lescription)			_	
Pa	rt II Basic Plan Info	ormation—enter all requeste	d information				
1a	Name of plan	·			1b	Three-digit	
KH P	ACIFIC PROPERTIES, INC.	DEFINED BENEFIT PENSION	I PLAN			plan number	001
					10	(PN) Fractive data a	
					'	Effective date o 01/01/2	
2a	Plan sponsor's name and ac	ddress (employer, if for single-e	mployer plan)		2b	Employer Identi	fication Number
KH P	ACIFIC PROPERTIES, INC.					(EIN) 20-058	
п О	DOV 60464				20	Plan sponsor's t 206-39	telephone number
	BOX 60164 TON, WA 98058-3164				2d	Business code (	
						531390	)
	Plan administrator's name a ACIFIC PROPERTIES, INC.	nd address (if same as Plan sp	onsor, enter "S BOX 60164	ame")	3b	Administrator's	
КПЕ	ACIFIC PROPERTIES, INC.		TON, WA 9805	8-3164	30	20-058  Administrator's	telephone number
						206-39	
				n/report filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan num	nber from the last return/report.	Sponsor's nan	ne	40	: PN	
5a	Total number of participants	at the beginning of the plan ye	ear				3
b	Total number of participants	s at the end of the plan year			-		3
С	Total number of participants	s with account balances as of th	e end of the pla	an year (defined benefit plans do not	-	,	
	complete this item)				5c	;	
6a			-	ets? (See instructions.)			X Yes No
b				pendent qualified public accountant (Inditions.)			X Yes No
		•	•	00-SF and must instead use Form			
Pa	rt III Financial Infor	mation					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
а	Total plan assets		7a	5577	62		603980
b	Total plan liabilities		7b		0		0
С	Net plan assets (subtract lin	e 7b from line 7a)	7c	5577	62		603980
8	Income, Expenses, and Tra			(a) Amount		(b) 7	Γotal
а	Contributions received or re	ceivable from:	8a(1	n	0		
	., . ,		,		0		
		ers)	,		0		
b	, ,						
С	Total income (add lines 8a(	1), 8a(2), 8a(3), and 8b)					89377
d	Benefits paid (including dire	ct rollovers and insurance pren	niums				
e		ective distributions (see instruc	′ –		0		
t	· .	ders (salaries, fees, commissio	′		0		
g	•				83		40450
h :	. ,	d, 8e, 8f, and 8g)					43159
! :	, , ,	line 8h from line 8c) (see instructions)					46218

Part IV	Plan	Characteristics	c
railiv	ГІАП	CHALACLEH SUC:	

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:

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

	- The plant provides mentals serious, onto the appropriate mentals reaction of			.0 000			J. 101.101		
art	V Compliance Questions								
0	During the plan year:			Yes	No		Amo	unt	
a 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)									
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transon line 10a.)		10b		X				
С	Was the plan covered by a fidelity bond?		10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that wa or dishonesty?		10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an ins insurance service or other organization that provides some or all of the benefits under instructions.)	the plan? (See	10e		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 2520.101-3.)	1 29 CFR	10h						
i	If 10h was answered "Yes," check the box if you either provided the required notice or 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 in 5500))						X	Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of sect	tion 412 of the Code of	or sec	ction 3	302 of I	ERISA?		Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this p granting the waiver.  you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), a	Month							
	Enter the minimum required contribution for this plan year				12b				
				" <del> </del>	12c				
	Enter the amount contributed by the employer to the plan for this plan year  Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a m negative amount)	ninus sign to the left o	fa	···	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	?				Yes	N	o	N/A
art	VII Plan Terminations and Transfers of Assets								
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior y	ear?					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 anoth of the PBGC?				ntrol			Yes	X No
С	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.)								
1	13c(1) Name of plan(s):		130	c(2) Ell	N(s)	1	3c(3)	PN(s)	
aut	tion: A penalty for the late or incomplete filing of this return/report will be assessed	d unless reasonable	cau	se is	establ	ished.			
ВВ о	er penalties of perjury and other penalties set forth in the instructions, I declare that I haver Schedule MB completed and signed by an enrolled actuary, as well as the electronic verse, it is true, correct, and complete.								
SIGI	Filed with authorized/valid electronic signature. 10/13/2010	KAYA HASANOGI	LU						
HER		Enter name of inc	dividu	al sigi	ning as	s plan adr	ninistra	ator	

Date

Enter name of individual signing as employer or plan sponsor

## **SCHEDULE SB** (Form 5500)

Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of the Treasury

## Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009	10 1 01111	0000 0. 0000	and and	na 12/31/2	2009
	Table 1 and			and endi	ng 12/31/2	2009
•	Round off amounts to nearest dollar.					
	Caution: A penalty of \$1,000 will be assessed for late filing of this report un	nless reasc	onable cause	is establishe	ed.	
A١	lame of plan		В	Three-dig	it	
KH	PACIFIC PROPERTIES, INC. DEFINED BENEFIT PENSION PLAN		-	plan num		▶ 001
				plan num	Der (i iv)	,
<u> </u>	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D	Employer	dontification	n Number (EIN)
	PACIFIC PROPERTIES, INC.		ا	Employer	ueniincalioi	ii Nulliber (Eliv)
IXITI	Adil to t Not ERTIES, INC.		20	0-0580064		
Ет	ype of plan: X Single Multiple-A Multiple-B F P	rior year pla	an size: 🔀 10	00 or fewer	101-500	More than 500
	and I Described a most beautiful.		<u> </u>			
Pa	art I Basic Information					
1	Enter the valuation date: Month 12 Day 31	Year <u>2</u>	2009			
2	Assets:					
	a Market value				2a	603980
	<b>b</b> Actuarial value				2b	603980
3	Funding target/participant count breakdown		<b>(1)</b> Numb	er of particip	pants	(2) Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment	3a			0	0
	<b>b</b> For terminated vested participants	3b			1	59863
	· ·					
	C For active participants:	2 (1)				0.15.15
	(1) Non-vested benefits	3c(1)				24515
	(2) Vested benefits	3c(2)				279658
	(3) Total active	3c(3)			2	304173
	d Total	3d			3	364036
4	If the plan is at-risk, check the box and complete items (a) and (b)					
	a Funding target disregarding prescribed at-risk assumptions				4a	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transi	tion rule for	r plans that ha	ave been	41-	
	at-risk for fewer than five consecutive years and disregarding loadin				4b	
5	Effective interest rate	•			5	6.54 %
6					6	45399
	Target normal cost				0	40000
	ement by Enrolled Actuary					
	Fo the best of my knowledge, the information supplied in this schedule and accompanying schedule accordance with applicable law and regulations. In my opinion, each other assumption is reasonable					
(	combination, offer my best estimate of anticipated experience under the plan.	, ,	·	•		, , ,
C	IGN					
_						10/12/2010
П	ERE					10/12/2010
	Signature of actuary					Date
STAI	NLEY WEISLEDER					08-02706
	Type or print name of actuary				Most rec	ent enrollment number
ACT	UARIES UNLIMITED, INC.					818-325-8800
	,					
1600	Firm name			Te	elephone nu	ımber (including area code)
	0 VENTURA BOULEVARD, SUITE 320 INO, CA 91436-2769					
	-,					
	Address of the firm					
If the	actuary has not fully reflected any regulation or ruling promulgated under t	the statute	in completing	this schedu	le, check th	e box and see
	actions		copicang	, 5011044	,	

Page <b>2-</b>	1	
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Pa	rt II	Begin	ning of year	carryov	er and prefunding ba	lances						
							(a) (	Carryover balance		(b) F	Prefundir	ng balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)									0			
8	Portion	used to	offset prior year's	funding red	quirement (Item 35 from pric	or year)			0			0
9	Amount	remainir	ng (Item 7 minus i	tem 8)					0			0
10	Interest	on item	9 using prior year'	s actual re	eturn of <del>-26.88</del> %				0			0
11	Prior yea	ar's exce	ess contributions to	o be adde	d to prefunding balance:							
	<b>a</b> Exce	ess contr	ributions (Item 38	from prior	year)							110307
	<b>b</b> Inter	est on (a	a) using prior year	's effective	e rate of%							0
	<b>C</b> Total	l availabl	e at beginning of co	urrent plan	year to add to prefunding bala	ance						110307
	<b>d</b> Porti	ion of (c)	to be added to pr	efunding b	palance							110307
12	Reduction	on in bal	ances due to elec	tions or de	emed elections				0			0
13	Balance	at begir	nning of current ye	ar (item 9	+ item 10 + item 11d – item	12)			0			110307
Pa	art III	Fun	ding percenta	iges								
14	Funding	target a	ttainment percent	age							14	133.62 %
					ge						15	147.51 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement							117.05 %					
17					is less than 70 percent of the						17	%
Pa	art IV	Con	tributions and	d liquidi	ty shortfalls					•		
18	Contribu			•	rear by employer(s) and em	ployees:						
(M	(a) Date M-DD-Y		(b) Amount pa employer(		(c) Amount paid by employees	(a) D (MM-DD-		(b) Amount pa employer(		(0	Amoui emplo	nt paid by byees
						Totals ▶	18(b)		0	18(c)		0
19	Discoun	ted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation of	late after th	e beginning of the	e year:			
	<b>a</b> Contr	ibutions	allocated toward u	unpaid min	imum required contribution	from prior ye	ars		19a			0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date							0				
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date							0				
20	Quarterl	y contrib	outions and liquidit	y shortfalls	3:							
	a Did th	ne plan h	ave a "funding sh	ortfall" for	the prior year?							Yes X No
	<b>b</b> If 20a	ı is "Yes,	" were required qu	uarterly ins	stallments for the current yea	ar made in a	timely man	ner?				Yes No
	<b>C</b> If 20a	is "Yes,	" see instructions	and compl	ete the following table as ap	oplicable:						_
			,		Liquidity shortfall as of e	nd of Quarte						
		(1) 1s	st		(2) 2nd		(3)	3rd			(4) 4th	<u> </u>

Pa	rt V Assumptio	ns used to determine f	unding target and targ	aet no	ormal cost				
21				, 1					
	a Segment rates:	1st segment: 5.28 %	2nd segment: 6.59 %		3rd segment: 6.65 %		N/A, full yie	ld curve ι	used
	<b>b</b> Applicable month	(enter code)				21b			0
22	Weighted average ret	tirement age				22			67
23	Mortality table(s) (see	e instructions)	escribed - combined	Presc	ribed - separate	Substitut	te		
Pa	rt VI Miscellane	ous items							
24	J	nade in the non-prescribed act	•					ed Yes	X No
25	Has a method change	e been made for the current pla	an year? If "Yes," see instruc	tions re	egarding required attac	hment		Yes	X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see in	structio	ons regarding required	attachment		Yes	X No
27		or (and is using) alternative fur	•			27			_
Pa	rt VII Reconcilia	ation of unpaid minimu	m required contribution	ons f	or prior years				
28	Unpaid minimum requ	uired contribution for all prior ye	ears			28			0
29	' '	contributions allocated toward			' '	29			0
30	Remaining amount of	funpaid minimum required cor	tributions (item 28 minus item	า 29)		30			0
Pa	rt VIII Minimum	required contribution t	or current year						
31	Target normal cost, a	djusted, if applicable (see instr	ructions)			31			0
32	Amortization installme	ents:			Outstanding Bala	ance	Instal	lment	
	a Net shortfall amorti	ization installment				0			0
	<b>b</b> Waiver amortization	on installment				0			0
33		approved for this plan year, en Day Year				33			
34		ment before reflecting carryove	. • • • •			34			0
			Carryover balance		Prefunding bala	nce	Total b	alance	
35	Balances used to offs	set funding requirement		0		0			0
36	Additional cash requir	rement (item 34 minus item 35	)			36			0
37		ed toward minimum required co	,	,		37			0
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38			0
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 36	over it	em 37)	39			0
40	Unpaid minimum requ	uired contribution for all years.				40			0

**EIN/PIN:** 20-0580064 / 001 **Plan Year End:** December 31, 2009

## SCHEDULE SB, PART V- STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

## KH Pacific Properties, Inc.

#### **Defined Benefit Pension Plan**

**Target Assumptions:** 

Male Nonannuitant:2009 Nonannuitant MaleFemale Nonannuitant:2009 Nonannuitant Female

Male Annuitant: 2009 Annuitant Male
Female Annuitant: 2009 Annuitant Female

**Male Projection:** Projection Scale AA (Male)

Female Projection: Projection Scale AA (Female)

Applicable months from

Valuation month: 0

**Probability of lump sum:** 100.00%

<u>1st</u>	<u>2nd</u>	3rd
4.71	6.67	6.77
6.42	6.42	6.42
5.28	6.59	6.65
0.00	0.00	0.00
	4.71 6.42 5.28	4.71 6.67 6.42 6.42 5.28 6.59

#### **Options:**

Use optional combined

mortality table

for small plans:

Male: 2009 Optional table small plans Male

Female: 2009 Optional table small plans Female

Use discount rate transition: Yes
Lump Sum use proposed regs: Yes
Use Current Years for Lump Sums: Yes

**Actuarial Equivalent Floor** 

Stability period:Plan YearLookback months:1Nonannuitant:None

Annuitant: 2009 Applicable

 1st
 2nd
 3rd

 417(e)(3) Segment Rates:
 4.41
 4.57
 4.27

**Actuarial Value of Assets:** Fair Market Value

**Salary Scale** 

**Male:** 0.00% **Female:** 0.00%

**EIN/PIN:** 20-0580064 / 001 **Plan Year End:** December 31, 2009

## SCHEDULE SB, PART V- SUMMARY OF PLAN PROVISIONS

### KH Pacific Properties, Inc. Defined Benefit Pension Plan

Employer and	Plan	Data
--------------	------	------

Initial effective date	01/01/2004
Plan year begins	01/01/2009
Plan year ends	12/31/2009
Valuation date	12/31/2009

### **Eligibility Requirements**

Waiting period (mos)	12
Minimum age	21
Minimum age (mos)	0

#### **Normal Retirement**

Minimum age	62
Minimum years of service	0
Minimum years of participation	5
Retirement date	Date of event

#### **Benefits**

Pension Formula:Benefit formulaType of Formula:Flat benefitEffective Date:01/01/2002

Flat benefit non-integrated type:

Total percent of salary:

Dollar amount:

Reduction based on:

Benefit reduction for years less than:

Percent

100.0000%

Sorvice

Benefit reduction for years less than:

## Vesting

Primary Secondary

Vesting Schedule

Vesting Schedule

2/20 N/A

# SCHEDULE SB, LINE 22 - DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

**Plan Sponsor:** KH Pacific Properties, Inc.

Plan Name: KH Pacific Properties, Inc. Defined Benefit Pension Plan

**EIN:** 20-0580064

Plan Number: 001

Plan Year Ended: December 31, 2009

Weighting Methodology

Retirement Age (1)	Funding Target (2)	$(3) = (1) \times (2)$
55	122,573	6,741,515
73	181,600	13,256,800
76	59,863	4,549,588
		0
Totals:	364,036	24,547,903

Weighted Average

Retirement Age: 67

(Total of (3), divided by Total of (2))

# **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan **Actuarial Information**

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File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calend	dar plan year 2009 or fiscal plan year beginning 01	/01/2009		and endi	ng	12/	31/2009	
Round	d off amounts to nearest dollar.							
<b>▶</b> Cautio	on: A penalty of \$1,000 will be assessed for late filing of this repo	ort unless reas	onable ca	use is establishe	ed.			
A Name o	of plan			<b>B</b> Three-dig	it			
				plan numi	001			
	161							
	cific Properties, Inc. DBPP		_					
C Plan sp	oonsor's name as shown on line 2a of Form 5500 or 5500-SF			<b>D</b> Employer I	dentificat	ion Number	(EIN)	
KH Dac	cific Properties, Inc.			20-0580	064			
		_						
E Type of	plan: X Single Multiple-A Multiple-B	Prior year pla	an size: 🏻 🖂	100 or fewer	101-50	00 More	than 500	
Part I	Basic Information							
1 Ente	r the valuation date: Month 12 Day 3	1Year_	2009	_				
2 Asse	ts:			-				
а	Market value				. 2a		603,980	
b .	Actuarial value				. 2b		603,980	
	ling target/participant count breakdown			umber of particing	ants	(2)	Funding Target	
	For retired participants and beneficiaries receiving payment	3a	(1),11	uniber or particip	0	\-,	0	
	For terminated vested participants				1		59,863	
	For active participants:				4		33,003	
	(1) Non-vested benefits	3c(1)					24,515	
	(2) Vested benefits	<del>``</del>			2		279,658	
	(3) Total active						304,173	
	Total				3		364,036	
4 If the	e plan is at-risk, check the box and complete items (a) and (b)							
a	Funding target disregarding prescribed at-risk assumptions				4a	·		
	Funding target reflecting at-risk assumptions, but disregarding tra				4b			
	at-risk for fewer than five consecutive years and disregarding loa						C E 4 0/	
	tive interest rate				5		6.54 %	
<u>_</u>	et normal cost			***************************************	6		45,399	
	t by Enrolled Actuary est of my knowledge, the information supplied in this schedule and accompanying sch	edules statements	and attachm	ents if any is comple	te and accur	ate Fach nresc	rihed assumption was applied in	
accordan	nce with applicable law and regulations. In my opinion, each other assumption is reaso tion, offer my best estimate of anticipated experience under the plan.	onable (taking into a	ccount the ex	xperience of the plan	and reasona	ble expectations	s) and such other assumptions, in	
	ison, where my seek estimate of annerpaled experience under the plan.		,			<del></del>		
SIGN	$\langle \mathcal{A}_{I} \rangle$							
HERE						10/12/2	5010	
	Signature of actuary					Date		
Stanley	y Weisleder			08-02706				
	Type or print name of actuary				Most re	ecent enrollr	nent number	
Actuari	les Unlimited, Inc.			<del></del>	(	818)325	-8800	
16030 \	Firm name Ventura Boulevard, Suite 320			Те	lephone i	number (inc	uding area code)	
Encino	CA 9	1436-2769	)					
	Address of the firm			-				
If the actual	ry has not fully reflected any regulation or ruling promulgated unc	ter the statute	in comple	ting this echedul	e check	the hov and	See $\square$	
instructions		aci ine statule	comple	ang ana sonedu	e, check	me box and	366	
For Paperv	vork Reduction Act Notice and OMB Control Numbers, see t	he instruction	s for For	m 5500 or 5500	-SF.	Sched	ule SB (Form 5500) 2009	

Page 2.	
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*****	II Begir	nning of year o	carryover	and prefunding bal	lances							
				<u> </u>		(a) C	Carryover balance		(b)	Prefund	ing balance	
	alance at beginear)	(										
8 Pt	ortion used to	offset prior year's f	funding requ	irement (Item 35 from prio	r year)			0			0	
								0			0	
<b>10</b> In	terest on item	9 using prior year's	s actual retu	rn of <u>(26.88)</u> %				0			0	
<b>11</b> Pr	rior year's exce	ess contributions to	be added t	o prefunding balance:								
а	Excess cont	ributions (Item 38 f	from prior ye	ar)							110,307	
b	Interest on (a	a) using prior year's	s effective ra	te of6.27 %							0	
С	Total availab	le at beginning of cu	ırrent plan ye	ar to add to prefunding bala	ınce						110,307	
d	Portion of (c	) to be added to pro	efunding bal	ance							110,307	
<b>12</b> R	eduction in ba	lances due to elect	tions or deer	med elections				0			0	
<b>13</b> Ba	alance at begi	nning of current ye	ar (item 9 +	item 10 + item 11d - item	12)			0			110,307	
Part	III Fun	ding percenta	aes							-		
										14	133.62 %	
					-					15	147.51 %	
<b>16</b> Pr	rior year's fund	ding percentage for	r purposes o	f determining whether carr	ryover/prefu	nding balan	ces may be used	to reduc		16	117.05 %	
				less than 70 percent of the						17	%	
Part		tributions and			, runnanning turn	901, 011101 01			1		,,	
			<u>-</u> -	ar by employer(s) and emp	lovoos:							
	a) Date	(b) Amount pa		(c) Amount paid by	(a) D	ate	(b) Amount pa	aid by	1 6	c) Amou	ınt paid by	
	DD-YYYY)	employer(		employees	(MM-DD		employer(		`	employees		
					and the second							
					Totals ▶	18(b)			0 <b>18(c)</b>		0	
<b>19</b> Di	scounted emp	loyer contributions	- see instru	ictions for small plan with	a valuation o	date after the	e beginning of the	year:				
а	Contributions	allocated toward u	ınpaid minim	um required contribution f	rom prior ye	ars		19a			0	
b	Contributions	made to avoid rest	trictions adju	isted to valuation date				19b			0	
С	Contributions a	allocated toward mir	nimum requir	ed contribution for current y	ear adjusted	to valuation	date	19c			0	
	uarterly contrib	outions and liquidity	y shortfalls:									
<b>20</b> Q		nave a "funding sho	ortfall" for the	e prior year?							Yes X No	
	Did the plan h	•								_	= =	
a			arterly insta	llments for the current yea	r made in a	timely manr	ner?				Yes No	
a b	If 20a is "Yes,	" were required qu	· ·	llments for the current yea e the following table as ap		timely manr	ner?				Yes No	
a b	If 20a is "Yes,	" were required qu	· ·	•	plicable:	r of this plar						

Pa	rt V	Assumptio	ns used to determine t	funding target and targ	get no	rmal cost				
21	Disco	unt rate:								
	<b>a</b> Se	gment rates:	1st segment:	2nd segment:		3rd segment: 6.65 %		N/A, full yie	d curve	used
	<b>b</b> Ap	pplicable month	(enter code)		••••••		21b			0
	<u> </u>		tirement age				22			67
23	Morta	lity table(s) (se	e instructions) 🗵 Pre	escribed - combined	Prescr	ibed - separate	Substitut	e		
Pa	rt VI	Miscellane	ous items							
24	Hasa	change been n	nade in the non-prescribed act	tuarial assumptions for the cui	rrent pla	in year? If "Yes," see	instructions	regarding require	ed :	
	attach	ment							Yes	X No
25	Hasa	method change	e been made for the current pl	an year? If "Yes," see instruc	tions re	garding required attac	hment		Yes	X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see in	structio	ns regarding required	attachment.		Yes	X No
27			or (and is using) alternative fu							
							27			
Pa	rt VII	Reconcili	ation of unpaid minimu	ım required contributi	ons fo	or prior vears				
28			uired contribution for all prior y	•			28			(
29			contributions allocated toward							
							29			C
30	Rema	ining amount of	f unpaid minimum required cor	ntributions (item 28 minus item	า 29)		30			(
Pa	rt VIII	Minimum	required contribution	for current year						
31			idjusted, if applicable (see inst				31			(
		<u> </u>		Tuctions)		Outstanding Bala		Instal	ment	
32		tization installmo			-	Outstanding Bala		ilistai		
	_		tization installment		<b>—</b>		0			
			on installment				0			(
33			approved for this plan year, er				33			
	•		Day Year						· · · · · · · · · · · · · · · · · · ·	· . ·
34		• .	ment before reflecting carryove				34			
	item 3			T	·····			T-4-15		(
				Carryover balance		Prefunding bala		Total b	alance	
35			set funding requirement	L	0	·····	0			(
36	Additio	onal cash requi	rement (item 34 minus item 35	5)			36			(
37			ed toward minimum required o		•		37			
	(Item	19c)								(
	Intere	st-adjusted exc	ess contributions for current ye	ear (see instructions)		***************************************	38	, , , , , , , , , , , , , , , , , , , ,		
39	Unpai	d minimum requ	uired contribution for current y	ear (excess, if any, of item 36	over ite	m 37)	39			(
40	Unpai	d minimum rea	uired contribution for all vears				40			(

## Form 5500-SF

Department of the Treasury Internal Revenue Service

# 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

OMB Nos. 1210-0110 1210-0089

2009

	nployee Senellis Becurity Administration		This Form is Open to Public inspection							
	Complete all entries in accordance with the instructions to the Form 5500-SF.									
Pa	Part I Annual Report Identification Information									
For	calendar plan year 2009 or fiscs		1/01/2			12/31/2009				
<b>A</b> 1	This return/report is for:	d single-employer plan	mulliple-e	mployer pian (not multiemployer)		one-periloipant plan				
В.	This return/report is for:	first return/report	final retur	n/report						
	·	an amended return/report	short plan	year return/report (less than 12 mor	nthe)					
C (	Check box If filling under:	<b>.</b>	•	extension	· 1	DFVC program				
•	Duredy Doy it thing arrest.	special extension (enter description			(					
	rt II   Basic Plan Inform	nation—enter all requested informs								
	Name of plan	Lattoti-auter sii rednested iliipitus	HON		1h	Three-digit				
146	KH Pacific Properti	.es, Inc.				plan number				
	Defined Benefit Per					(PN) 001				
	DETTHEY DOMESTO TAN					Effective date of plan				
						01/01/2004				
28	Plan sponsor's name and addre	ess (employer, if for single-employer) .es / Inc .	plan)		26	Employer Identification Number (EIN) 20-0580064				
						Plan aponeor's telephone number				
	P. O. Box 60164					(206)396-6388_				
	P. O. BOX BOIDS				2d	Business code (see instructions)				
	Renton			WA 98058-3164		531390				
3a	Plan administrator's name and	address (if same as Plan sponsor, ar	iter "Same	רי	36	Administrator's EiN				
					30	Administrator's telephone number				
					AC Writinilettators relebuoite unrun					
4 1	4 If the name and/or EIN of the plan aponsor has changed since the last return/report filed for this plan, enter the					EIN				
1	name, EIN, and the plan numbe	r from the last return/report. Sponsor	's name		4c PN					
	M . 1					3				
	•	the beginning of the plan year			5a					
		the end of the plan year			5b	3				
C		th account balances as of the end of			5c					
-		uring the plan year invested in eligibi				X Yes No				
h	Are you claiming a waiver of the	ne annual examination and report of	an indepe	Open australia de la compantita del compantita del compantita de la compantita del compan	PA)					
_	under 29 CFR 2520.104-467 (i	See Instructions on waiver eligibility a	ind conditi	ons.)	,,,,,,,,	Yes [] No				
		er 6a or 6b, the plan cannot use Fo	em 6500-	SF and must instead use Form 55	00.					
<u>Pa</u>	rt III   Financial Informe	ation	·	<del></del>	τ-					
7	Plan Assets and Liabilities			(a) Reginning of Year	<del>-  -</del>	(b) End of Year				
		***************************************	7 <u>a</u>	557 <u>,7</u> 6	-	603,980				
	•	***************************************	7b		<u> </u>					
<u>c</u>	Net plan assets (subtract line 7	b from line 7a)	70	557,76	2	603,980				
8	Income, Expenses, and Transf			(a) Amount	-	(b) Total				
2	Contributions received or received		8a(1)		ام					
	• • •	**************************************			늯					
	• • • • • • • • • • • • • • • • • • • •	}}***	8a(2)		픪					
	• • •		8a(3)	89,37	=					
	• •		Bb _	63,37	4-	90 277				
C		8a(2), 8a(3), and 8b)	8c			89,377				
đ		rollovers and insurance premiums	₿ď	43,07	6					
_	•	ive distributions (see Instructions)	Se	<u>_</u>	a					
f		rs (salaries, fees, commissions)	87		히					
1	•	3 (3E(E((C0, 1600, UM/!!!!!!!!!!!!!/))))))))))))	8g		3	•				
g		i			1	43,159				
מ		8e, 8f, and 8g)	8h_		+-	45,218				
1	• • • • • • • • • • • • • • • • • • • •	e 8h from line Sc)e se instructions)	81		0	70,210				
J		OMB Control Numbers, see the instruction	8j	\$460.RP	<u> </u>	Form 5500.RV (2004)				
ror	Laharaniy waqaqasou vet laprica suc	i Awa Ahiikol bannasa <sup>,</sup> see dis Weaddo	TIO INI. LOU	errerdf.		Form 5800-6F (2008) v.092308.1				

	Form 5500-SF 2009	Pt	ge 2-					
Par	IV Plan Characteristics							
9 <b>a</b> b	if the plan provides pension benefits, enter the applicable pension fea 1A 3D If the plan provides welfare benefits, enter the applicable welfare feat							
Par	V Compliance Questions							
10	During the plan year:			Yes	No	[	Amount	-
8	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ry Correction Progra	m) 1	0a	х			
b	Were there any nonexempt transactions with any party-in-interest? (I on line 10s.)			ОЬ	x			
C	Was the plan covered by a fidelity bond?	*********************		0c	x			
	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	-		0d	х			
9	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the tradecisions.	ne benufits under the	pian? (8ee	00	×	ļ		
f	instructions.)		····	IOF	x			
g	Did the plan have any perticipant loans? (If "Yes," enter amount as of		-	0g	X			
•	If this is an individual account plan, was there a blackout period? (Se 2520,101-3.)	e instructions and 21	F CFR	Oh	† <del>"</del>			
j	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 on	e of the	101				
Pari								
11	is this a defined benefit plan subject to minimum funding requirement	x? (if "Yes," see ins	ructions and comp	ete Sche	dule SE	) (Form	X Ye	No
If	Is this a defined contribution plan subject to the minimum funding rec (If "Yes," complete 12s or 12b, 12d, 12d, and 12e below, as applicable If a waiver of the minimum funding standard for a prior year is being a granting the waiver.	e.) amortized in this plan IB (Form 5500), and	n year, see instructi Month i skip to line 13.	ons, and	enter th	ne date of th	e letter Year	ruling
	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan				120			
ď	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a mini	us sign to the left of	a l	12d			
9	Will the minimum funding amount reported on line 12d be met by the				11155022	Yes	No	N/A
Pari								
13a	Hiss a resolution to terminate the plan been adopted during the plan t				1		Ye	s X No
	If "Yes," enter the amount of any plan assets that reverted to the emp Were all the plan assets distributed to participants or beneficiaries, tr	loyer this year	-lan as benight in	der the	-Antrol	<u> </u>		
	of the PBGC?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	444444444444	************	*****		[] Ye	es XI No
	which assets or finbilities were transferred. (See instructions.)	THE PLANT TO SHARE						40
	13c(1) Name of plan(s):			7.	3c(2) E	IN(S)	136	(3) PN(s)
							<u> </u>	
Und SB :	tion: A penalty for the late or incomplete filing of this return/reporer penalties of perjury and other penalties set forth in the instructions, it is schedule MB completed and signed by an enrolled actuary, as well if, it is true, correct, and complete.	declare that I have	examined this retur	n/report.	Includin	d. If applica	ible, a 8 knowled	chedule ge and
SIG	AN	10/12/10	Kaya Hasano	glu				
HE		Date	Enter name of Ind		igning a	s plan admi	nistr <u>ato</u> :	,
SIC								
HE		Date	Enter name of inc	ividual si	igning 2	s employer	or plan	sponsor