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

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 5500	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		
A	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant 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	nths)			
С	Check box if filing under:	X Form 5558	automatic	extension		DFVC progra	am	
		special extension (enter description	Į.					
Da	rt II Basic Plan Inforr	mation—enter all requested inform					-	-
	Name of plan	mation—enter all requested inform	allon		1h	Three-digit	1	
	FINGH HOLDINGS 401(K) RET	IREMENT PLAN			10	plan number		
						(PN) •	001	
					1c	Effective date of		
						08/01/		
	Plan sponsor's name and addr	ess (employer, if for single-employer	plan)		2b	Employer Ident (EIN) 91-160		mber
пАТ	HINGH HOLDINGS, INC.				2c	(EIN) 91-160 Plan sponsor's		number
600 E	BROADWAY, STE. 190						3-4040	Idiliboi
SEA	TTLE, WA 98122-5371				2d	Business code		ctions)
2-	<u></u>		. "0		O.L.	621340		
	Flan administrator's name and FINGH HOLDINGS, INC.	address (if same as Plan sponsor, e 600 BROAD)		,	3D	Administrator's 91-160		
	,	SEATTLE, W			3c	Administrator's		number
							3-4040	
	•	an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN		
I	name, EIN, and the plan numbe	er from the last return/report. Sponso	or's name		4c	PN		
5a	Total number of participants at	t the beginning of the plan year			5a			26
_	• •	t the end of the plan year						
	·	rith account balances as of the end o			5b			14
C				The state of the s	5c			4
6a	Were all of the plan's assets of	during the plan year invested in eligib	le assets?	(See instructions.)			X Yes	s No
	Are you claiming a waiver of the	ne annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)		<u> </u>	
				ons.)			X Yes	S No
Do	rt III Financial Information		orm 5500-	SF and must instead use Form 550	00.			
		ation						
7	Plan Assets and Liabilities		_	(a) Beginning of Year 394051		(b) End	l of Year	67207
	Total plan assets		. 7a	394051				67387
b	'	71 1: 7-\	. 7b	204054				67207
<u> </u>		7b from line 7a)	. 7c	394051				67387
8	Income, Expenses, and Transi Contributions received or rece			(a) Amount		(b)	Total	
а			. 8a(1)	2092	2			
			. 8a(2)	6534				
	• •	s)						
b	, ,	, 	1	19411				
С	` ,	8a(2), 8a(3), and 8b)						28037
d	, , ,	rollovers and insurance premiums						
	to provide benefits)		. 8d	351415				
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e					
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f	3286				
g	Other expenses		. 8g					
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h					354701
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i					-326664
j	Transfers to (from) the plan (se	ee instructions)	- 8i					

D (1) (D: 0:	
Part IV	Plan Char	acteristics

HERE

SIGN HERE Signature of plan administrator

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: 2E 2F 2G 2J 2K 2T 3D

b	If the	e plan provides welfare benefits, enter the applicable welfare feature codes from the Lis	st of Plan Charact	terist	ic Cod	des in t	he instru	ictions:		
art	٧	Compliance Questions								
0	Dur	ring the plan year:			Yes	No		Amo	ount	
а		is there a failure to transmit to the plan any participant contributions within the time period CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program		10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transact line 10a.)		10b		Х				
С	Wa	as the plan covered by a fidelity bond?		10c	Χ					50000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caudishonesty?		10d		X				
е	insı	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance service or other organization that provides some or all of the benefits under the p tructions.)	olan? (See	10e	X					427
f	Has	s 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		nis is an individual account plan, was there a blackout period? (See instructions and 29 C 20.101-3.)		10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one coeptions to providing the notice applied under 29 CFR 2520.101-3		10i		X				
art	VI	Pension Funding Compliance								
1		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instru						\Box	Yes	X No
2	ls t	this a defined contribution plan subject to the minimum funding requirements of section 4	112 of the Code of	or sec	ction 3	302 of	ERISA?		Yes	X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_			
а		waiver of the minimum funding standard for a prior year is being amortized in this plan y	ear, see instructi	ions,	and e	enter th	e date o	f the le	tter rul	ing
	grai	nting the waiver	Month							
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and s	-			12b				
		er the minimum required contribution for this plan year			1					
		er the amount contributed by the employer to the plan for this plan year				12c	 			
	neg	otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus pative amount)				12d		П.	т. Г	7 11/4
		the minimum funding amount reported on line 12d be met by the funding deadline?					Yes	ſ	No	N/A
art	VII	Plan Terminations and Transfers of Assets								_
3а	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?						X	Yes	No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year				13a				0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another pl he PBGC?	an, or brought ur	nder :	the co	ntrol			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another pla ch assets or liabilities were transferred. (See instructions.)	an(s), identify the	plar	n(s) to					
1	3c(1) Name of plan(s):			130	c(2) El	N(s)		13c(3)	PN(s)
Caut	ion.	A penalty for the late or incomplete filing of this return/report will be assessed unl	less reasonable	Cali	se is	establ	ished			
Jnde	r per	nalties of perjury and other penalties set forth in the instructions, I declare that I have examedule MB completed and signed by an enrolled actuary, as well as the electronic version	amined this retur	n/rep	ort, in	cludin	g, if appli			
		strue, correct, and complete.		, ۵۰۰۰				,	90	
SIGI	N	Filed with authorized/valid electronic signature. 10/13/2010 KF	RISTI LANGELIE	RS						

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

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).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	Part I Annual Report Identification Information	0.7.00.7				
<u> </u>		01/01/	2009 and ending		12/31/2009	
Α	This return/report is for:	multiple-employer plan (not multiemployer)				
В	This return/report is for: first return/report	final retu	urn/report			
	an amended return/report	short pla	an year return/report (less than 12 mo	onths)		
С	Check box if filing under:	automat	ic extension		DFVC program	
	special extension (enter descripti	ion)				
Р	art II Basic Plan Information—enter all requested inform	nation				
L	Name of plan			1b	Three-digit	
	Hattingh Holdings 401(k) Retirement Plan	n			plan number	
					(PN) 001	
	·			1c	Effective date of plan 08/01/1999	
2a	Plan sponsor's name and address (employer if for single-employe	r nlan)		2h	Employer Identification Number	
	Plan sponsor's name and address (employer, if for single-employer Hattingh Holdings, Inc.	ριαπή		~~	(EIN) 91-1609952	
				2c	Plan sponsor's telephone number	
	600 Broadway, Ste. 190				(206) 323-4040	
	Seattle		WA 98122-5371	2a	Business code (see instructions) 621340	
3a	Plan administrator's name and address (if same as Plan sponsor, e	enter "Sam		3b	Administrator's EIN	
	SAME		•			
	•			3с	Administrator's telephone number	
4	If the name and/or EIN of the plan sponsor has changed since the la	st return/r	eport filed for this plan, enter the	4h	EIN	
	name, EIN, and the plan number from the last return/report. Sponso		- p			
				4c	1	
	Total number of participants at the beginning of the plan year			<u>5a</u>	26	
	Total number of participants at the end of the plan year	5b	14			
С	Total number of participants with account balances as of the end o complete this item)			5c	4	
6a	Were all of the plan's assets during the plan year invested in eligib				X Yes No	
	Are you claiming a waiver of the annual examination and report of					
					a. a .	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condi	tions.)			
	If you answered "No" to either 6a or 6b, the plan cannot use F	and condi	tions.)		X Yes No	
	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	and condi	tions.)			
7	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information Plan Assets and Liabilities	and condi	tions.)5F and must instead use Form 55	00.	(b) End of Year	
7	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	and condi	tions.)	00.		
7	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities	and condition 5500 7a 7b	(a) Beginning of Year	00.	(b) End of Year 67,387	
7 a b c	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information Plan Assets and Liabilities Total plan assets	and condition 5500	(a) Beginning of Year 394,05	00.	(b) End of Year 67,387	
7 a b c	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information Plan Assets and Liabilities Total plan assets	and condition 5500 7a 7b	(a) Beginning of Year	00.	(b) End of Year 67,387	
7 a b c	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	7a 7b 7c	(a) Beginning of Year 394,05 (a) Amount	1	(b) End of Year 67,387	
7 a b c	If you answered "No" to either 6a or 6b, the plan cannot use Foot III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7a 7b 7c 8a(1)	(a) Beginning of Year 394,05 (a) Amount	1 1 2	(b) End of Year 67,387	
7 a b c	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year 394,05 (a) Amount	1 1 2	(b) End of Year 67,387	
7 a b c 8 a	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 394,05 (a) Amount 2,09 6,53	1 2 4	(b) End of Year 67,387	
7 a b c 8 a	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7a 7b 7c 8a(1) 8a(2) 8b	(a) Beginning of Year 394,05 (a) Amount	1 2 4	(b) End of Year 67,387 (b) Total	
7 a b c 8 a	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 394,05 (a) Amount 2,09 6,53	1 1 2 2 4 4 1 1	(b) End of Year 67,387	
7 a b c 8 a	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7a 7b 7c 8a(1) 8a(2) 8b	(a) Beginning of Year 394,05 (a) Amount 2,09 6,53	1 1 2 2 4 4 1 1	(b) End of Year 67,387 (b) Total	
7 a b c 8 a	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 394,05 (a) Amount 2,09 6,53	1 1 2 4 1	(b) End of Year 67,387 (b) Total	
7 a b c 8 a b c	If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8b 8c 8d	(a) Beginning of Year 394,05 (a) Amount 2,09 6,53	1 1 2 4 1	(b) End of Year 67,387 (b) Total	
7 a b c 8 a b c d	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e	(a) Beginning of Year 394,05 (a) Amount 2,09 6,53	1 1 2 4 1	(b) End of Year 67,387 (b) Total 28,037	
7 a b c 8 a b c f	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(a) Beginning of Year 394,05 (a) Amount 2,09 6,53 19,41	1 1 2 4 1	(b) End of Year 67,387 67,387 (b) Total 28,037	
7 a b c 8 a b c d e f g	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Beginning of Year 394,05 (a) Amount 2,09 6,53	1 1 2 4 1	(b) End of Year 67,387 (b) Total 28,037	

	****	Form 5500-SF 2009 Page 2-							
Pa	t IV	Plan Characteristics							
9a	if the	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteri	stic Co	des ir	the inst	ructions:		
b	if the	$2\mathrm{E}$ $2\mathrm{F}$ $2\mathrm{G}$ $2\mathrm{J}$ $2\mathrm{K}$ $2\mathrm{T}$ $3\mathrm{D}$ e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Co	des in	the instr	uctions:		
Par	t V	Compliance Questions							
10	Dur	ing the plan year:		Yes	No		Amo	unt	_
a	29	s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		Х				
С	Wa	s the plan covered by a fidelity bond?	10c	Х				50,0	00
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		Х				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	х				4:	27
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 of year end.)	10g		X				_
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		х				
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i		Х		***		- Tage 1
art	VI	Pension Funding Compliance				,			
11	Is thi 5500	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete s	Sched	ıle SE	(Form	. []	Yes X N	0
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of	ERISA?.		Yes 🛛 N	0
_		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							•
а	grant	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc ting the waiver	tions, th	and er	nter th Dav	e date of	the lette Year	er ruling	
lf y		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Ente	r the minimum required contribution for this plan year	•••••		12b			w1-1	
C	Ente	r the amount contributed by the employer to the plan for this plan year		<u>L</u>	12c				
	nega	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of tive amount)	• • • • • • • • • • • • • • • • • • • •	·· L	12d				_
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No.	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?		·····			X \	Yes No)
		s," enter the amount of any plan assets that reverted to the employer this year		•••••	13a				0
	of the	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ue PBGC?						∕es Ⅺ No)
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the n assets or liabilities were transferred. (See instructions.)	e plan	(s) to			· 		
1:	3c(1)	Name of plan(s):		13c(2) EII	۷(s)	13	c(3) PN(s)	
		·							
									_
	•	·							
`auti	. n. A	nonalty for the late or incomplete filling of this return/report will be accessed unless responsible			_4_1_1	- II			

ation: 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		10/4/10	Michele E Hattingh
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