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.

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	art I	Annual Report	Identification Informat	ion					
For	calend	ar plan year 2009 or fis	cal plan year beginning 0	1/01/200	9	and ending	12/31/2	2009	
Α	This ret	turn/report is for:	x single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan	
В	This ret	turn/report is for:	first return/report	X	final retur	n/report		_	
			an amended return/report	t =	short plar	year return/report (less than 12 m	onths)		
С	Check	box if filing under:	Form 5558		, 1	extension		DFVC program	
	Onoon	box ii iiiiig anaon.	special extension (enter of	∟ lescriptio	l				
P	art II	Basic Plan Info	rmation—enter all requeste		,				_
		of plan	THATION CINCI AN TOQUESTO	d IIIIOIIII	lation		1b	Three-digit	_
		PRODUCTS, INC. PRO	FIT SHARING PLAN					plan number	
								(PN) • 002	
							1c	Effective date of plan 01/01/2006	
2a	Plan s	ponsor's name and add	dress (employer, if for single-e	mployer	· plan)		2b	Employer Identification Number	_
		PRODUCTS, INC.	(1) /	, ,	,			(EIN) 26-3094151	
							2c	Plan sponsor's telephone number	•
		MBUS STREET ER, WA 98660					2d	925-377-1800 Business code (see instructions)	_
								423990	
			d address (if same as Plan sp				3b	Administrator's EIN	
SUZ	ANNA I	HO			BUS STRE R, WA 986		30	26-3094151 Administrator's telephone number	_
							30	925-377-1800	
						port filed for this plan, enter the	4b	EIN 94-2517202	
	-	PRODUCTS, INC.	per from the last return/report.	Sponso	or's name		4c	PN 002	
5a	Total number of participants at the beginning of the plan year				- 5a	ţ	5		
b	b Total number of participants at the end of the plan year				- 5b		0		
С		•				rear (defined benefit plans do not			_
		•					. 5c	V v D v	0
ьа b		•	. ,	•		(See instructions.) ndent qualified public accountant (I		X Yes N	0
D						ons.)		Yes N	0
_				ot use F	orm 5500-	SF and must instead use Form 5	500.		
Pa	rt III	Financial Inforn	nation						
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End of Year	_
a		•				119			0
		plan liabilities			. 7b	440	0		0
<u>C</u>		,	e 7b from line 7a)		. 7с	119	3		0
8 a		ie, Expenses, and ∓ran ibutions received or rec	sfers for this Plan Year			(a) Amount		(b) Total	
u					. 8a(1)		0		
	(2) P	articipants			8a(2)		0		
	(3) 0	thers (including rollove	rs)		8a(3)		0		
b	Other	income (loss)			. 8b		0		
С	Total i	income (add lines 8a(1)), 8a(2), 8a(3), and 8b)		. 8c				0
d			t rollovers and insurance prer		8d	119 ⁻	3		
е	•	,	ective distributions (see instruc		. 8e		0		
f			lers (salaries, fees, commission	,					
g		•		,					
h		•	I, 8e, 8f, and 8g)					1191	3
i			ne 8h from line 8c)					-1191	3
		·	·						_

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Part IV	Plan	Characteristics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

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		Ar	nount	
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)	10a		X				
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?	10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Х					
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.)	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 29 CFR 2520.101-3.)	10h		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	10i						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					. [Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	RISA?		Yes	X No
а	(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 plan year, see instruct granting the waiver							
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day_			,ui	
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)		[12d				
е	Will the 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 resolution to terminate the plan been adopted during the plan year or any prior year?						X Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?						X Yes	No
С	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.)	e plar	n(s) to					
13c(1) Name of plan(s):				(2) EIN		13c(3) PN(s)		
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.			
Jnde SB o	or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ref, it is true, correct, and complete.	rn/rep	ort, in	cluding	, if applic			
	·							

SIGN	Filed with authorized/valid electronic signature.	02/09/2011	SUZANNA HO					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	02/09/2011	SUZANNA HO					
HERE	Signature of employer/plan sponsor	Date	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).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

·	*ension Benefit Guaranty Corporation Complete all entries in accorp	dance wit	h the instructions to the Form 5500	-SF.				
	art I Annual Report Identification Information							
For		01/01/2	2009 and ending		12/31/200)9		
Α	This return/report is for:	multiple-	employer plan (not multiemployer)		one-participa	nt plan		
В	This return/report is for: $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	final retu	rn/report					
	an amended return/report	short pla	n year return/report (less than 12 mon	ths)				
С	Check box if filing under: X Form 5558	automati	c extension		DFVC progra	ım		
	special extension (enter description	on)						
Pi	art II Basic Plan Information—enter all requested inform	ation						
1a	Name of plan			1b	Three-digit			
	KINGMAN PRODUCTS, INC. PROFIT SHARING PL	AN			plan number (PN)	002		
			<u>}</u>	10	Effective date o			
					01/01/200			
2a	Plan sponsor's name and address (employer, if for single-employer KTNGMAN PRODUCTS, INC.	plan)		2b	Employer Identi	fication Number		
	KINGMAN PRODUCTS, INC.		1		(EIN) 26-309			
	100 001 1140110 000 000			2C	Plan sponsor's (925) 377-1	elephone number		
	100 COLUMBUS STREET		ļ-	2d	<u> </u>	see instructions)		
	VANCOUVER		WA 98660		423990			
3a	Plan administrator's name and address (if same as Plan sponsor, e $_{\mbox{\scriptsize SUZANNA HO}}$	nter "Sam	e")	3b	Administrator's 1 26-309415	EIN 1		
	100 COLUMBUS STREET		ļ-	3c		lelephone number		
	VANCOUVER WA 98660			(925) 377-1800				
	If the name and/or EIN of the plan sponsor has changed since the last				EIN 35-2103	620		
	name, EIN, and the plan number from the last return/report. Sponso	rs name			PN 002			
5a	Total number of participants at the beginning of the plan year	• • • • • • • • • • • • • • • • • • • •		5a				
_	Total number of participants at the end of the plan year		 -	5b		(
	Total number of participants with account balances as of the end of		<u>_</u>	0.0	1			
	complete this item)			5c		(
	Were all of the plan's assets during the plan year invested in eligib					X Yes No		
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indepe	ndent qualified public accountant (IQF	PA)		⊠ Yes ∏ No		
	If you answered "No" to either 6a or 6b, the plan cannot use Fo				•••••••••••••••••••••••••••••••••••••••	<u> </u>		
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
а	Total plan assets	7a	11,913	3		(
b	Total plan liabilities	7b	C			(
C	Net plan assets (subtract line 7b from line 7a)	7c	11,913	3		(
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	'otal		
а	Contributions received or receivable from:	0-41	(
	(1) Employers	8a(1) 8a(2)		(
	(2) Participants							
b	Other income (loss)		1					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c		1-				
d	Benefits paid (including direct rollovers and insurance premiums			1				
	to provide benefits)	8d	11,913	3				
е	Certain deemed and/or corrective distributions (see instructions)	8e		2				
f	Administrative service providers (salaries, fees, commissions)	8f		1		•		
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				11,913		
i	Net income (loss) (subtract line 8h from line 8c)	8i		1		(11,913)		
- 1	Transfers to (from) the plan (see instructions)	٠,		1				

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Page	'/_I		
raue	4		

Enter name of individual signing as employer or plan sponsor

	t IV Plan Characteristics							-,	
9a	If the plan provides pension benefits, enter the applicable pension	feature codes from th	e List of Plan Char	acteris	stic Co	des in	the instruc	tions:	
b	2E If the plan provides welfare benefits, enter the applicable welfare for	eature codes from the	E List of Plan Chara	cteris	tic Cod	des in i	the instruct	ions:	
Part	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribut	ions within the time p	eriod described in		.00			Amount	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest?	? (Do not include tran	sactions reported	10a		X			
^	on line 10a.)			10b		X			
c d	Was the plan covered by a fidelity bond?		10c		X				
u	Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty?	••••••		10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all or instructions.)	f the benefits under the	ne plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the plan	17		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)	•••••	10g					
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instructions and	29 CFR	10h		x			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required notice or o	ne of the	10ii					
Part				101					
11	Is this a defined benefit plan subject to minimum funding requireme	ents? (If "Yes," see in:	structions and com	plete S	Sched	ule SB	(Form		
12	5500))		- 440 - 410 - 0 1					Yes Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica If a waiver of the minimum funding standard for a prior year is being	ible.) g amortized in this pla	an vear. see instruc	tions.	and e	nter th	e date of th	e letter ru	ılina
	granting the waiver		Mont	h		Day_		Year	
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	•	•		_	I			
	Enter the minimum required contribution for this plan year				_	12b			
d	Enter the amount contributed by the employer to the plan for this plans Subtract the amount in line 12c from the amount in line 12b. Enter t	an year he result (enter a min	us sign to the left of			12c			
	negative amount)		_		∟	12d	-		
	Will the minimum funding amount reported on line 12d be met by th	e funding deadline?			•••••	<u></u>	Yes	No	N/A
Part '									
	Has a resolution to terminate the plan been adopted during the plan							X Yes	No
- h	if "Yes," enter the amount of any plan assets that reverted to the em	ployer this year				13a		_	
	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?		************			ntrol 		X Yes	∏ No
	If during this plan year, any assets or liabilities were transferred fror which assets or liabilities were transferred. (See instructions.)	n this plan to another	plan(s), identify the	e plan	(s) to				
	c(1) Name of plan(s):				13c	(2) EIN	√(s)	13c(3) PN(s)
Cautio	n: A penalty for the late or incomplete filing of this return/repo	rt will be accepted	unless research		o ic c	otab!!			
Under SB or	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	examined this retur	n/ren	ort inc	ludina	if applicab	ile, a Sch nowledge	edule and
SIGN	WU	8/23/20,0	SUZANNA HO						
HERE	Signature of plan administrator	Date	Enter name of inc	lividua	al signi	ing as	plan admin	istrator	
SIGN	UU	8 23 2010	SUZANNA HO						
HERE	RE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor					onsor			