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

2010

This Form is Open to Public Inspection

P	Complete all entries in accord	dance wit	h the instructions to the Form 5500)-SF.				
	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010	0	and ending 1	2/31/2	2010			
Α.	This return/report is for: \square single-employer plan \square	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for: first return/report	final return/report						
	an amended return/report	short plar	year return/report (less than 12 mor	nths)				
_	Check box if filing under: Form 5558	extension	,	DFVC program				
C		, exterision		bi ve program				
_	special extension (enter description)	,						
	art II Basic Plan Information—enter all requested information	ation		41				
	Name of plan			16	Three-digit plan number			
A HE	LPING HAND, INC. 401(K) PLAN & TRUST				(PN) • 001			
				1c	Effective date of plan			
					01/01/2008			
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number			
A HE	LPING HAND, INC.				(EIN) 20-0162306			
5600	20TH AVE NW			2c	Plan sponsor's telephone number 206-686-7440			
	TTLE, WA 98107			24				
				Zu	Business code (see instructions) 621610			
3a	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same	e")	3b	Administrator's EIN			
A HE	LPING HAND, INC. 5600 20TH A SEATTLE, W	VE NW	,		20-0162306			
	OL/ATTLE, W	71 00 107		3с	Administrator's telephone number 206-686-7440			
<u> </u>	f the name and/or FINI of the plan approar has abanged since the los		nort filed for this plan optor the	4				
	f the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4D	EIN			
				4c	PN			
5a	Total number of participants at the beginning of the plan year			5a	100			
b	Total number of participants at the end of the plan year			5b	0			
С	Total number of participants with account balances as of the end of	the plan v	rear (defined benefit plans do not					
	complete this item)		•	5c	0			
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)		Yes No			
b	Are you claiming a waiver of the annual examination and report of a				M v D v			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		<i>'</i>		Yes No			
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 550	JU.				
					#N= + +++			
7	Plan Assets and Liabilities	_	(a) Beginning of Year	,	(b) End of Year			
	Total plan assets	7a	1676	_				
b	Total plan liabilities	. 7b	36351		0			
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)	7321	1				
	(3) Others (including rollovers)			\dashv				
h	Other income (loss)	- ` '	3641	-				
b	,		33		10962			
Q C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			10002			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	36520					
е	Certain deemed and/or corrective distributions (see instructions)	8e	9653					
f	Administrative service providers (salaries, fees, commissions)		1140					
g g	Other expenses	8g		\exists				
9 h	Total expenses (add lines 8d, 8e, 8f, and 8g)				47313			
;					-36351			
i	Net income (loss) (subtract line 8h from line 8c)							
J	rianololo to (nom) the plan (oce instructions)	8i	İ					

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Part IV	Plan	(`hara	cteristics
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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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			ı				
0	Duri	ng the plan year:		Yes	No		Amou	ınt	
а		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		X				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c	X				20	0000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e	X					214
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR).101-3.)	10h		X				
i		h 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						
art	VI	Pension Funding Compliance							
1		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes X	No
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?		Yes X	No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	gran	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th						
-		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	406	1			
b	Ente	r the minimum required contribution for this plan year			12b				
		r the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)			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 resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>			X	Yes	No
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co			X	Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne plai	n(s) to	1				
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)	1:	3c(3) PN	N(s)
auti	on: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.			
B or	Sche	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	05/06/2011	STEVEN JUNGK					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	05/06/2011	STEVEN JUNGK					
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

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2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

-	Pension Benefit Guaranty Corporation	► Complete all entries in accor	dance with	the instructions to the Form 5500-S	F.			
P	art I Annual Report I	dentification Information			*			
For	the calendar plan year 2010 or	fiscal plan year beginning	01/01	./2010 and ending	12,	/31/2010		
Α	This return/report is for:	x single-employer plan	multiple-er	nployer plan (not multiemployer)	ī	one-participar	nt olan	
	This return/report is for:	first return/report	final return	/report	_	, , ,		
_	inis return report is ior.			·				
_	[an amended return/report		year return/report (less than 12 months)	_	1		
С	Check box if filing under:	Form 5558	automatic	extension	L	DFVC prograi	m	
		special extension (enter description	1)					
P	art II Basic Plan Infor	mation enter all requested info	mation.					
_	Name of plan				lb 1	Three-digit		
	A Helping Hand, Inc.	401/h) Dinn & Tomat			•	olan number	001	
	A neiping name, inc.	wor(k) Flan & Hust		 		PN) ► Effective date of		
				'		2116Cilve date of 21/01/2008	piaii	
<u>2a</u>	Plan sponsor's name and addr	ess (employer, if for single-employer p	lan)	2			ication Number	
	A Helping Hand, Inc.		,			EIN) 20-01		
				2			elephone number	
	5600 20th Ave NW			<u> </u>		(206) 686-7		
US	Seattle	WA 98107		4		Business code (: 5 21610	see instructions)	
За	Plan administrator's name and	address (If same as plan employer, e	nter "Same") 3		Administrator's E	EIN	
	Same			:				
				3	BC A	Administrator's t	elephone number	
							oropriorio riambor	
_								
4		lan sponsor has changed since the later or from the last return/report. Sponsor's		ort filed for this plan, enter the	łb E	EIN		
	, and the plant of			4	lc F	PN		
5a	Total number of participants at	the beginning of the plan year		5	ia_		100	
b		the end of the plan year		· · · · · · · · · · · · · - ·	5b 0			
C		th account balances as of the end of t			ic.		•	
62		uring the plan year invected in eligible		e instructions.)		<u> </u>	V Yes No	
b	•	e annual examination and report of an		•	• •	• • • •	W 169 140	
_		See instructions on waiver eligibility an			·			
	If you answered "No" to eithe	er 6a or 6b, the plan cannot use For	n 5500-SF a	and must instead use Form 5500.				
Pa	art III Financial Inform	nation						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		. 7a	38,027			0	
b	Total plan liabilities		. 7b	1,676				
С	Net plan assets (subtract line 7	b from line 7a)	. 7c	36,351			O	
8	Income, Expenses, and Transf		1000	i		/L.\ 7		
o a	Contributions received or received			(a) Amount	7.8	(b) T	viai	
a	(1) Employers		8a(1)		7			
			8a(2)	7,321				
	• •		8a(3)		4 4			
b			8b	3,641				
С	, ,	Ba(2), 8a(3), and 8b)	8c		10,962			
ď		ollovers and insurance premiums	- 00		N/S		10,302	
	to provide benefits)							
е	Certain deemed and/or correct	ive distributions (see instructions) .	. 8e	9,653				
f	Administrative service provider	s (salaries, fees, commissions)	. 8f	1,140				
g	Other expenses		. 8g					
h	Total evnences (add lines 0d 0	3e, 8f, and 8g)	8h				47,313	
11	•	•	. 8i				(36,351)	
1	, , , ,	8h from line 8c)						
- 1	mansiers to thombline plan (Se	## ## ## ## ## ## ## ## ## ## ## ## ##	. 81		STREET		THE PARTY OF THE P	

Part	IV Plan Characteristics						
	the plan provides pension benefits, enter the applicable pension feature	ure codes from the Li	st of Plan Characteristi	c Codes	in the	instructions:	
	2E 2J						
b i	the plan provides welfare benefits, enter the applicable welfare featur	re codes from the List	t of Plan Characteristic	Codes	in the ir	nstructions:	
Par	V Compliance Questions						
10	During the plan year:			Yes	No	Ar	mount
а	Was there a failure to transmit to the plan any participant contribution				x		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian Were there any nonexempt transactions with any party-in-interest? (D			a			
	on line 10a.)		·	ь	х		
С	Was the plan covered by a fidelity bond?		10	c X			20,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	•		d	x		
е	Were any fees or commissions paid to any brokers, agents, or other p insurance services or other organization that provides some or all of t instructions.)	the benefits under the	plan? (See	e x		No the Control	214
f	Has the plan failed to provide any benefit when due under the plan?		10	f	х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of			g	x		
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)			h	x		
i	If 10h was answered "Yes," check the box if you either provided the r exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or one	of the				
	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	ts? (If "Yes," see inst	ructions and complete	Schedu	le SB (I	Form	Yes X No
12	Is this a defined contribution plan subject to the minimum funding req (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	quirements of section					
а	If a waiver of the minimum funding standard for a prior year is being a		year see instructions	and an	tar tha	data of the la	tter milina
•	granting the waiver	amoruzed in this plan	year, see instructions, Month_	anu en	Day	date of the le	ear
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule ME	•	•	Г	401	Τ	
b	Enter the minimum required contribution for this plan year				12b 12c		
d 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 negative amount)	e result (enter a minu	s sign to the left of a	Γ	12d		
е	Will the minimum funding amount reported on line 12d be met by the			٠		Yes [No □N/A
Part	VII Plan Terminations and Transfers of Assets			····			
13a	Has a resolution to terminate the plan been adopted during the plan y	year or any prior year	?				x Yes ☐No
	If "Yes," enter the amount of any plan assets that reverted to the emp	oloyer this year		• •	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?				rol		x Yes □No
	which assets or liabilities were transferred. (See instructions.)	this plan to another p	ian(s), identity the plan	(S) 10			
1	3c(1) Name of plan(s):			13	3c(2) E	IN(s)	13c(3) PN(s)
Cautio	n: A penalty for the late or incomplete filing of this return/report w	vill be assessed unl	ess reasonable cause	is esta	blishe	d.	1
SB or	penalties of perjury and other penalties set forth in the instructions, I described and stand stands by an enrolled actuary, as well as it is true, correct, and complete.	leclare that I have exa the electronic version	amined this return/reponder of this return/report, a	rt, includend	ding, if ie best	applicable, a of my knowle	Schedule edge and
SIG	1/6/200	5/2/11	STEVEN JUNGK				
HEF		Date	Enter name of individ	ual sign	ing as	plan administ	rator
SIG	1 / m		STEVEN JUNGK				
HEF	HERE Signature of employer/plan sponsor Date 5/2/11 Enter name of individual signing as employer or plan sponsor						

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