# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2009**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
SEIDNER ENT., INC. 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 01/01/1997

**2a** Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
SEIDNER ENTERPRISES, LLC

1151 N AZUSA AVENUE
COVINA, CA 91722

**2b** Employer Identification Number (EIN) 95-4890311

**2c** Sponsor's telephone number 626-430-9402

**2d** Business code (see instructions) 441221

**Caution: 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 accompanying schedules, statements and attachments, 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 HERE** | Filed with authorized/valid electronic signature. | 08/11/2010 | JON DANIELS |
| | **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 |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
SEIDNER ENTERPRISES, LLC

1151 N AZUSA AVENUE
COVINA, CA 91722

**3b** Administrator's EIN
95-4890311

**3c** Administrator's telephone number
626-430-9402

**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:
**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 193 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 153 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 22 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 175 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 175 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 51 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 7 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** 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 3D 3H

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

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

| | | |
|---|---|---|
| **(1)** | X | **R** (Retirement Plan Information) |
| **(2)** | | **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary |
| **(3)** | | **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |

**b General Schedules**

| | | |
|---|---|---|
| **(1)** | X | **H** (Financial Information) |
| **(2)** | | **I** (Financial Information – Small Plan) |
| **(3)** | | **A** (Insurance Information) |
| **(4)** | X | **C** (Service Provider Information) |
| **(5)** | X | **D** (DFE/Participating Plan Information) |
| **(6)** | | **G** (Financial Transaction Schedules) |

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2009**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
SEIDNER ENT., INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
SEIDNER ENTERPRISES, LLC

**D** Employer Identification Number (EIN)
95-4890311

## Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN CENTURY INVESTMENT SERVICE

44-0640487

**(b)** Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

ADP

22-1467904

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ALLIANZ GLOBAL INVESTORS DISTRIBUTO

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ALLIANCEBERNSTEIN L.P.

13-4064930

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DWS SCUDDER

222 SOUTH RIVERSIDE PLAZA
CHICAGO, IL 60606

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FRED ALGER & COMPANY, INCORPORATED

13-2510833

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY DISTRIBUTORS CORP.

500 SALEM STREET
MAIL ZONE O3N
SMITHFIELD, RI 02917

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FRANKLIN TEMPLETON DISTRIBUTORS, IN

100 FOUNTAIN PARKWAY
ST. PETERSBURG, FL 33716

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

JANUS DISTRIBUTORS, LLC

151 DETROIT STREET
DENVER, CO 80206

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NEUBERGER BERMAN

605 THIRD AVENUE
3RD FLOOR
NEW YORK, NY 10158

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PUTNAM RETAIL MANAGEMENT

ONE POST OFFICE SQUARE
BOSTON, MA 02109

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

RIVERSOURCE DISTRIBUTORS, INC.

1 MAIN STREET
CAMBRIDGE, MA 02142

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GUARDIAN INVESTOR SERVICES, LLC

388 MARKET STREET
SAN FRANCISCO, CA 94111

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

ADP BROKER-DEALER

22-3319984

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 60 63 99 | RECORD KEEPER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

STATE STREET CORPORATION

04-1867445

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 64 52 | DIRECTED TRUSTEE/CUSTODIA | 0 | Yes [X] No [ ] | Yes [X] No [ ] | 6197 | Yes [X] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes [ ] No [ ] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| **(b)** Service Code(s) | **(c)** Relationship to employer, employee organization, or person known to be a party-in-interest | **(d)** Enter direct compensation paid by the plan. If none, enter -0-. | **(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | **(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | **(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | **(h)** Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

## Part I Service Provider Information (continued)

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ADP BROKER-DEALER | 60 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| AMERICAN CENTURY INVESTMENT SERVICE<br><br>44-0640487 | ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ADP BROKER-DEALER | 60 99 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| FRED ALGER & COMPANY, INCORPORATED<br><br>13-2510833 | ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ADP BROKER-DEALER | 60 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| FRANKLIN TEMPLETON DISTRIBUTORS, IN 100 FOUNTAIN PARKWAY<br>ST. PETERSBURG, FL 33716 | ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS. |

## Part I Service Provider Information (continued)

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ADP BROKER-DEALER | 63 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| PUTNAM RETAIL MANAGEMENT<br>ONE POST OFFICE SQUARE<br>BOSTON, MA 02109 | ANNUAL RATE 0.0075 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.001 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.001 OF AVERAGE DAILY ASSETS. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ADP BROKER-DEALER | 60 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| FIDELITY DISTRIBUTORS CORP.<br>500 SALEM STREET<br>MAIL ZONE O3N<br>SMITHFIELD, RI 02917 | ANNUAL RATE 0.0005 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ADP BROKER-DEALER | 60 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| JANUS DISTRIBUTORS, LLC<br>151 DETROIT STREET<br>DENVER, CO 80206 | ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. |

## Part I Service Provider Information (continued)

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ADP BROKER-DEALER | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| GUARDIAN INVESTOR SERVICES, LLC<br>388 MARKET STREET<br>SAN FRANCISCO, CA 94111 | ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ADP BROKER-DEALER | 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| THORNBURG SECURITIES CORPORATION<br>2300 NORTH RIDGETOP RD.<br>SANTA FE, NM 87506 | ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ADP BROKER-DEALER | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| WELLS FARGO FUNDS DISTRIBUTOR, LLC<br>525 MARKET STREET<br>12TH FLOOR<br>SAN FRANCISO, CA 94105 | ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS. |

## Part I Service Provider Information (continued)

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ADP BROKER-DEALER | 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| SELIGMAN<br>100 PARK AVENUE<br>7TH FLOOR<br>NEW YORK, NY 10017 | ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ADP BROKER-DEALER | 60 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| T. ROWE PRICE<br>100 EAST PRATT STREET<br>BALTIMORE, MD 21202 | ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ADP BROKER-DEALER | 99 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| STATE STREET CORPORATION<br><br>04-1867445 | ANNUAL RATE 0.0062 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.0067 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.0068 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.0075 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.0076 OF AVERAGE DAILY ASSETS. |

## Part I Service Provider Information (continued)

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| STATE STREET CORPORATION | 64 52 | 6197 |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| ADP<br><br>22-1467904 | PERFORM A YEAR-END ALLOCATION BASED ON TOTAL $ / TOTAL # OF PLANS AS OF 12/31 WITH EACH SSGA INVESTMENT AND APPLY .5 TO AMOUNT. | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

## Part II Service Providers Who Fail or Refuse to Provide Information

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN; |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN; |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

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 and ending 12/31/2009

**A** Name of plan
SEIDNER ENT., INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
SEIDNER ENTERPRISES, LLC

**D** Employer Identification Number (EIN)
95-4890311

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S & P 500 INDEX FUND

**b** Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-0025081-065 | C | 215458 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA ACTIVE US LARGE CAP BLEND

**b** Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-0025081-082 | C | 111807 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP INDEX

**b** Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-0025081-084 | C | 1995 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S & P MIDCAP INDEX

**b** Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-0025081-089 | C | 112175 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA INTERNATIONAL INDEX

**b** Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-0025081-462 | C | 12718 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA STABLE VALUE FUND

**b** Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-2675543-001 | C | 314975 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

## Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

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 and ending 12/31/2009

**A** Name of plan
SEIDNER ENT., INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
SEIDNER ENTERPRISES, LLC

**D** Employer Identification Number (EIN)
95-4890311

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 30644 | 21324 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 72945 | 62245 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 687348 | 769129 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 293811 | 263431 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 1084748 | 1116129 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 1084748 | 1116129 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 5346 | |
| | **(B)** Participants | 2a(1)(B) | 65798 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 71144 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 5576 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 5576 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 2026 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 2026 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 99921 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 75031 |
| **c** Other income | 2c | | 493 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 254191 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 221182 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 221182 |
| **f** Corrective distributions (see instructions) | 2f | | 1372 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 256 |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 0 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 222810 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 31381 |
| **l** Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: COLWELL DOWNINGS & ASSOCIATES LLP (2) EIN: 35-2287353

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 109000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

**5b** 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.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

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 and ending 12/31/2009

**A** Name of plan
SEIDNER ENT., INC. 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
SEIDNER ENTERPRISES, LLC

**D** Employer Identification Number (EIN)
95-4890311

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 57-1198022

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... **3**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete items (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

# SEIDNER ENT., INC. 401(k) PLAN

# INDEPENDENT AUDITOR'S REPORT

# AND

# FINANCIAL STATEMENTS

# DECEMBER 31, 2009 AND 2008

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COLWELL
& ASSOCIATES, LLP
DOWNING
Certified Public Accountants

## INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
Seidner Ent., Inc. 401(k) Plan

We were engaged to audit the financial statements of Seidner Ent., Inc. 401(k) Plan as of December 31, 2009 and 2008 and for the year ended December 31, 2009. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by State Street Bank & Trust, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements taken as a whole. The form and content of the information included in the financial statements, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Security Act of 1974.

Colwell Downing & Associates LLP

COLWELL DOWNING & ASSOCIATES, LLP

Covina, California
June 30, 2010

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650 Shoppers Lane
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SEIDNER ENT., INC. 401(k) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

| | December 31, 2008 | December 31, 2009 |
|---|---|---|
| ASSETS | | |
| Investments, at fair value, Note 8 | | |
| Interest-bearing cash | $ 30,644 | $ 21,324 |
| Common and collective trusts | 687,348 | 769,129 |
| Registered investment companies | 293,811 | 263,431 |
| | 1,011,803 | 1,053,884 |
| Receivables: | | |
| Participant loans | 72,945 | 62,245 |
| Net assets available for benefits | $ 1,084,748 | $ 1,116,129 |

*See accompanying notes*

SEIDNER ENT., INC. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2009

| | |
|---|---|
| INVESTMENT INCOME | |
| Interest & Dividends | $ 7,602 |
| Other Income | 493 |
| Net investment gain from common and collective trusts | 99,921 |
| Net investment gain from registered investments | 75,031 |
| | 183,047 |
| CONTRIBUTIONS | |
| Employer matching | 5,346 |
| Participants' | 65,798 |
| | 71,144 |
| Total additions (subtractions) | 254,191 |
| Deductions from net assets attributed to: | |
| Benefits paid to participants | 221,182 |
| Corrective distributions | 1,372 |
| Demmed distributions of participant loans | 256 |
| Total deductions | 222,810 |
| Net increase (decrease) | 31,381 |
| Net assets available for benefits: | |
| Beginning of year | 1,084,748 |
| End of year | $ 1,116,129 |

*See accompanying notes*

Note 1 - Description of Plan

The following description of Seidner Ent., Inc. 401(k) Plan provides only general information. Participant should refer to the Plan agreement for a more complete description of the Plan provisions.

**General** - The plan is a voluntary deferred compensation plan under Section 401(k) of the Internal Revenue Code (a paired profit sharing plan) available to the employees of Seidner Enterprises, LLC. Employees are eligible to participate in the Plan after having completed six months of service and having attained age 19. The 401(k) plan is maintained in conjunction with the Company's defined contribution pension plan, which covers substantially all of its employees.

**Contributions** - Each year, the company contributes to the Plan the total amount of the salary reduction elected by the Plan participant. Each participant may elect to contribute a minimum of 1% to a maximum of 15% of his or her pretax annual compensation for the Plan Year. The Company's matching contribution equals 20% on the first 5% of the Participant's Compensation, which is deferred as an Elective Deferral. Matching Contributions shall be determined each payroll period.

**Participant Accounts** - Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participants vested account.

**Vesting** - Employer matching contributions and profit sharing contributions vest in the participants' accounts at the rate of 20% after two completed years of service, 40% after three years, 60% after fours years, 80% after five years and 100% after six completed years of service. Employee contributions under the deferred compensation arrangement are 100% vested at all times. Participants may normally retire at the latter of attaining age 65 or having been a participant for a period of 5 years. Upon termination or partial termination of the Plan or permanent discontinuance of contributions, the balance of each participant's account will become 100% vested and distributable to the participants as soon as administratively feasible.

**Plan administration** - The Plan is administered by the Pension Committee, which is appointed by the board of directors of the Company. The Plan's trustee, State Street Bank & Trust, is responsible for the custody and management of the Plan's assets.

Note 2 - Summary of Accounting Policies

**Basis of accounting** - The plan reports investment gains and losses on a modified accrual basis in accordance with DOL regulations. Realized and unrealized investment gains and losses are determined separately based on revalued cost—that is, the current value of the assets at the beginning of the plan year, as carried forward from the end of the prior plan year—or historical cost if the investment was acquired since the beginning of the plan year.

**Use of estimates** - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that reflect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Valuation of Investments** - If available, quoted market prices are used to value investments.

Note 3 - Trustee Certification

All of the information shown in the accompanying statements of net assets available for plan benefits and the related statement of income, expenses and changes in net assets were certified to the plan administrator by State Street Bank & Trust, the trustee, as being complete and accurate, as of December 31, 2009 and 2008, respectively.

Note 4 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, participants will become 100 percent vested in their accounts.

Note 5 - Tax Status

The Trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code, and accordingly, the trust's net investment is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service and the Plan sponsor believes that the Plan continues to qualify and to operate as designed.

Note 6 – Risks and Uncertainties

The Plan invests in various investments securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 7 - Information Certified by the Plan's Trustees

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

| | December 31, 2008 | December 31, 2009 |
|---|---|---|
| Investments at fair value, Note 8 | | |
| Interest-bearing cash | $ 30,644 | $ 21,324 |
| Common and collective trusts | 687,348 | 769,129 |
| Registered investment companies | 293,811 | 263,431 |
| Participant loans | 72,945 | 62,245 |
| Total | $ 1,084,748 | $ 1,116,129 |

| | Year Ended December 31, 2009 |
|---|---|
| Investment gain: | |
| Interest and Dividends | $ 7,602 |
| Net appreciation gain from assets | 174,952 |
| | $ 182,554 |

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520. 103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate. The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

Note 8 - Investments

The plans investments are held and managed by State Street Bank and Trust Company. The following presents the fair value of investments.

**2009**
**FAIR VALUE OF INVESTMENTS**

| Security | Shares held | Quoted Market Value | Fair Value |
|---|---|---|---|
| Interest-bearing cash: | | | |
| SSGA Government Money Market | 3,156.5757 | 6.76 | $ 21,324 |
| | | | |
| Common / Collective Trusts: | | | |
| SSGA International Index Fund | 973.0471 | 13.07 | 12,718 |
| SSGA Large Cap Core Equity | 9,144.7748 | 12.23 | 111,808 |
| SSGA S&P 500 Index Fund | 16,342.6921 | 13.18 | 215,458 |
| SSGA Russell 2000 Index Strat | 118.9705 | 16.77 | 1,995 |
| SSGA Stable Value Fund | 20,542.4290 | 15.33 | 314,975 |
| SSGA S&P 400 Midcap Index Fund | 10,721.3844 | 10.46 | 112,175 |
| | | | |
| Registered Investment Companies: | | | |
| Alger Small Cap Growth Instit - I | 218.4902 | 22.16 | 4,842 |
| DWS Core Fixed Income Fund-A | 45.3958 | 8.96 | 407 |
| DWS Mid Cap Growth Fund-A | 22.0480 | 11.22 | 247 |
| Janus Forty Fund - S | 3,530.3211 | 31.52 | 111,276 |
| American Century Inc & Gr - Adv | 474.8240 | 21.32 | 10,123 |
| Fidelity Adv Equity Income - T | 371.4242 | 20.75 | 7,707 |
| George Putnam Fund of Boston - M | 2,185.4883 | 10.80 | 23,603 |
| T.Rowe Price Mid Cap Value - R | 404.2449 | 20.46 | 8,271 |
| Allianceber Global Tech Fnd - A | 288.5993 | 65.22 | 18,823 |
| Allianz NFJ Small Cap Val - A | 540.3527 | 23.19 | 12,531 |
| RS Value Fund - A | 863.8009 | 20.65 | 17,837 |
| Neuberger Berman Partners - Adv | 2,210.1661 | 15.87 | 35,075 |
| Templeton Growth Fund - R | 761.2075 | 16.67 | 12,689 |
| | | | $ 1,053,884 |

Note 8 – Investments (continued)

**2009**
**FAIR VALUE OF INVESTMENTS**

During 2009 the Plan's investments (including investments bought, sold and held during the year) appreciated in value as follows:

| | | |
|---|---|---|
| Common / Collective Trusts: | | |
| SSGA International Index Fund | $ | 4,812 |
| SSGA Large Cap Core Equity | | 15,477 |
| SSGA S&P 500 Index Fund | | 52,463 |
| SSGA Russell 2000 Index Strat | | 1,793 |
| SSGA Stable Value Fund | | 1,300 |
| SSGA S&P 400 Midcap Index Fund | | 38,687 |
| Registered Investment Companies: | | |
| Alger Small Cap Growth Instit - I | | 1,516 |
| Templeton Growth Fund - R | | 8,095 |
| DWS Core Fixed Income Fund-A | | 97 |
| DWS Mid Cap Growth Fund-A | | 5,384 |
| Janus Adv Forty Fund - S | | 48,043 |
| American Century Inc & Gr - Adv | | 4,988 |
| Fidelity Adv Equity Income - T | | 4,445 |
| George Putnam Fund of Boston - M | | 7,559 |
| T.Rowe Price Mid Cap Value - R | | 9,880 |
| Allianceber Global Tech Fnd - A | | 12,052 |
| Allianz NFJ Small Cap Val - A | | 12,689 |
| RS Value Fund - A | | 10,853 |
| Neuberger Berman Partners - Adv | | 25,231 |
| Janus Forty Fund - S | | 19,203 |
| | $ | 284,567 |

Note 8 – Investments (continued)

**2009**
**FAIR VALUE OF INVESTMENTS**

During 2009, the Plan's investment transactions resulted in the following realized loss:

| | |
|---|---|
| Common / Collective Trusts: | |
| SSGA International Index Fund | $ (821) |
| SSGA Large Cap Core Equity | (1,960) |
| SSGA S&P 500 Index Fund | (6,441) |
| SSGA Russell 2000 Index Strat | (2,039) |
| SSGA Stable Value Fund | 3,794 |
| SSGA S&P 400 Midcap Index Fund | (7,144) |
| | |
| Registered Investment Companies: | |
| Alger Small Cap Growth Instit - I | 57 |
| Templeton Growth Fund - R | (7,721) |
| DWS Core Fixed Income Fund-A | (58) |
| DWS Mid Cap Growth Fund-A | (4,696) |
| Janus Adv Forty Fund - S | (33,689) |
| American Century Inc & Gr - Adv | (3,419) |
| Fidelity Adv Equity Income - T | (4,572) |
| George Putnam Fund of Boston - M | (4,009) |
| T.Rowe Price Mid Cap Value - R | (9,122) |
| Allianceber Global Tech Fnd - A | (5,632) |
| Allianz NFJ Small Cap Val - A | (13,067) |
| RS Value Fund - A | (3,898) |
| Neuberger Berman Partners - Adv | (7,853) |
| Janus Forty Fund - S | 2,670 |
| | $ (109,620) |

Note 8 – Investments (continued)

**2008**
**FAIR VALUE OF INVESTMENTS**

| Security | Shares held | Quoted Market Value | Fair Value |
|---|---|---|---|
| Interest-bearing cash: | | | |
| SSGA Government Money Market | 4,536.2539 | 6.76 | $ 30,644 |
| | | | |
| Common / Collective Trusts: | | | |
| SSGA EAFE Index Fund | 1,242.9341 | 9.97 | 12,394 |
| SSGA Large Cap Core Equity | 9,424.8465 | 10.80 | 101,762 |
| SSGA S&P 500 Index Fund | 18,202.1233 | 10.47 | 190,617 |
| SSGA Russell 2000 Index Strat | 396.8512 | 13.26 | 5,263 |
| SSGA Stable Value Fund | 18,915.4210 | 15.07 | 284,977 |
| SSGA S&P 400 Midcap Index Fund | 12,041.8505 | 7.67 | 92,336 |
| | | | |
| Registered Investment Companies: | | | |
| Alger Small Cap Growth Instit - I | 215.4469 | 15.42 | 3,322 |
| DWS Core Fixed Income Fund-A | 91.0801 | 8.71 | 793 |
| DWS Mid Cap Growth Fund-A | 719.1513 | 7.95 | 5,717 |
| Janus Adv Forty Fund - S | 4,266.3958 | 21.96 | 93,690 |
| American Century Inc & Gr - Adv | 650.6378 | 18.50 | 12,037 |
| Fidelity Adv Equity Income - T | 542.7796 | 16.96 | 9,206 |
| George Putnam Fund of Boston - M | 2,624.1371 | 8.94 | 23,460 |
| T.Rowe Price Mid Cap Value - R | 1,452.9725 | 14.11 | 20,501 |
| Allianceber Global Tech Fnd - A | 570.8709 | 42.47 | 24,245 |
| Allianz NFJ Small Cap Val - A | 1,504.4180 | 19.07 | 28,689 |
| RS Value Fund - A | 1,326.6362 | 14.99 | 19,886 |
| Neuberger Berman Partners - Adv | 3,285.4735 | 10.27 | 33,742 |
| Templeton Growth Fund - R | 1,430.2804 | 12.95 | 18,522 |
| | | | $ 1,011,803 |

Note 9 – Participant Directed Investments

The Plan provides for participants to direct contributions to their account to various investment options. Amounts relating to the individual programs are shown below.

**2009 PLAN YEAR**

| | SSGA Government Money Market | SSGA Int'l Index Fund | SSGA Large Cap Core Equity | SSGA S&P 500 Index |
|---|---|---|---|---|
| INVESTMENT INCOME | | | | |
| Interest & Dividends | $ - | $ - | $ - | $ - |
| Other income | 13 | 7 | 52 | 97 |
| Net gains/(loss) on sales | - | (821) | (1,960) | (6,441) |
| Net appreciation/ (depreciation) | - | 4,812 | 15,477 | 52,463 |
| | 13 | 3,998 | 13,569 | 46,119 |
| CONTRIBUTIONS | | | | |
| Employer | 509 | 175 | 369 | 1,042 |
| Employee | 3,274 | 930 | 1,887 | 8,732 |
| | 3,783 | 1,105 | 2,256 | 9,774 |
| Total additions | 3,796 | 5,103 | 15,825 | 55,893 |
| DEDUCTIONS | | | | |
| Participant benefit payments | 11,130 | 618 | 5,181 | 28,613 |
| Forfeitures | 3,329 | - | - | - |
| Corrective distributions | - | - | 132 | 431 |
| Total deductions | 14,459 | 618 | 5,313 | 29,044 |
| Net Increase/(Decrease) | (10,663) | 4,485 | 10,512 | 26,849 |
| Interfund Transfer | 1,343 | (4,161) | (466) | (2,008) |
| Beginning of year | 30,644 | 12,394 | 101,762 | 190,617 |
| End of year | $ 21,324 | $ 12,718 | $ 111,808 | $ 215,458 |

Note 9 – Participant Directed Investments (continued)

**2009 PLAN YEAR**

| | SSGA Russell 2000 Index Strat | SSGA Stable Value Fund | SSGA S&P 400 Midcap Index Fund | Alger Small Cap Growth Instit - I |
|---|---|---|---|---|
| INVESTMENT INCOME | | | | |
| Interest & Dividends | $ - | $ - | $ - | $ - |
| Other income | 1 | 143 | 51 | 2 |
| Net gains/(loss) on sales | (2,039) | 3,794 | (7,144) | 57 |
| Net appreciation/ (depreciation) | 1,793 | 1,300 | 38,687 | 1,516 |
| | (245) | 5,237 | 31,594 | 1,575 |
| CONTRIBUTIONS | | | | |
| Employer | 73 | 3,124 | 755 | 112 |
| Employee | 511 | 26,111 | 6,254 | 605 |
| | 584 | 29,235 | 7,009 | 717 |
| Total additions | 339 | 34,472 | 38,603 | 2,292 |
| DEDUCTIONS | | | | |
| Participant benefit payments | 6,094 | 28,540 | 19,358 | 670 |
| Forfeitures | - | - | - | - |
| Corrective distributions | - | - | - | - |
| Total deductions | 6,094 | 28,540 | 19,358 | 670 |
| Net Increase/(Decrease) | (5,755) | 5,932 | 19,245 | 1,622 |
| Interfund Transfer | 2,487 | 24,066 | 594 | (102) |
| Beginning of year | 5,263 | 284,977 | 92,336 | 3,322 |
| End of year | $ 1,995 | $ 314,975 | $ 112,175 | $ 4,842 |

Note 9 – Participant Directed Investments (continued)

**2009 PLAN YEAR**

| | Templeton Growth Fund - R | DWS Core Fixed Income Fund - A | DWS Mid Cap Growth Fund - A | Janus Adv Forty Fund - S |
|---|---|---|---|---|
| INVESTMENT INCOME | | | | |
| Interest & Dividends | $ 164 | $ 40 | $ - | $ - |
| Other income | 5 | 1 | 2 | 21 |
| Net gains/(loss) on sales | (7,721) | (58) | (4,696) | (33,689) |
| Net appreciation/ (depreciation) | 8,095 | 97 | 5,384 | 48,043 |
| | 543 | 80 | 690 | 14,375 |
| CONTRIBUTIONS | | | | |
| Employer | 170 | 81 | 58 | 487 |
| Employee | 1,402 | 406 | 404 | 5,002 |
| | 1,572 | 487 | 462 | 5,489 |
| Total additions | 2,115 | 567 | 1,152 | 19,864 |
| DEDUCTIONS | | | | |
| Participant benefit payments | 7,589 | 627 | 2,579 | 9,557 |
| Forfeitures | - | - | - | - |
| Corrective distributions | 105 | - | - | 569 |
| Total deductions | 7,694 | 627 | 2,579 | 10,126 |
| Net Increase/(Decrease) | (5,579) | (60) | (1,427) | 9,738 |
| Interfund Transfer | (252) | (326) | (4,044) | (103,428) |
| Beginning of year | 18,520 | 793 | 5,718 | 93,690 |
| End of year | $ 12,689 | $ 407 | $ 247 | $ - |

Note 9 – Participant Directed Investments (continued)

**2009 PLAN YEAR**

| | American Century Inc & Gr - Adv | Fidelity Adv Equity Income - T | George Putnam Fund of Boston - M | T. Rowe Price Mid Cap Value - R |
|---|---|---|---|---|
| INVESTMENT INCOME | | | | |
| Interest & Dividends | $ 214 | $ 80 | $ 753 | $ 56 |
| Other income | 4 | 2 | 10 | 4 |
| Net gains/(loss) on sales | (3,419) | (4,572) | (4,009) | (9,122) |
| Net appreciation/ (depreciation) | 4,988 | 4,445 | 7,559 | 9,880 |
| | 1,787 | (45) | 4,313 | 818 |
| CONTRIBUTIONS | | | | |
| Employer | 159 | 197 | 90 | 139 |
| Employee | 792 | 1,176 | 577 | 887 |
| | 951 | 1,373 | 667 | 1,026 |
| Total additions | 2,738 | 1,328 | 4,980 | 1,844 |
| DEDUCTIONS | | | | |
| Participant benefit payments | 10,631 | 3,647 | 1,541 | 12,202 |
| Forfeitures | - | - | - | - |
| Corrective distributions | - | - | - | - |
| Total deductions | 10,631 | 3,647 | 1,541 | 12,202 |
| Net Increase/(Decrease) | (7,893) | (2,319) | 3,439 | (10,358) |
| Interfund Transfer | 5,980 | 821 | (3,296) | (1,872) |
| Beginning of year | 12,036 | 9,205 | 23,460 | 20,501 |
| End of year | $ 10,123 | $ 7,707 | $ 23,603 | $ 8,271 |

Note 9 – Participant Directed Investments (continued)

**2009 PLAN YEAR**

| | Allianceber Global Tech Fnd - A | Allianz NFJ Small Cap Val - A | RS Value Fund - A | Neuberger Berman Partners - Adv |
|---|---|---|---|---|
| INVESTMENT INCOME | | | | |
| Interest & Dividends | $ 231 | $ 232 | $ 32 | $ 226 |
| Other income | 9 | 7 | 10 | 21 |
| Net gains/(loss) on sales | (5,632) | (13,067) | (3,898) | (7,853) |
| Net appreciation/ (depreciation) | 12,052 | 12,689 | 10,853 | 25,231 |
| | 6,660 | (139) | 6,997 | 17,625 |
| CONTRIBUTIONS | | | | |
| Employer | 202 | 188 | 209 | 338 |
| Employee | 1,146 | 1,197 | 1,218 | 1,961 |
| | 1,348 | 1,385 | 1,427 | 2,299 |
| Total additions | 8,008 | 1,246 | 8,424 | 19,924 |
| DEDUCTIONS | | | | |
| Participant benefit payments | 14,851 | 11,166 | 8,466 | 16,932 |
| Forfeitures | - | - | - | - |
| Corrective distributions | - | - | 134 | - |
| Total deductions | 14,851 | 11,166 | 8,600 | 16,932 |
| Net Increase/(Decrease) | (6,843) | (9,920) | (176) | 2,992 |
| Interfund Transfer | 1,421 | (6,239) | (1,874) | (1,657) |
| Beginning of year | 24,245 | 28,690 | 19,887 | 33,740 |
| End of year | $ 18,823 | $ 12,531 | $ 17,837 | $ 35,075 |

Note 9 – Participant Directed Investments (continued)

**2009 PLAN YEAR**

| | Janus Forty Fund - S |
|---|---|
| INVESTMENT INCOME | |
| Interest & Dividends | $ - |
| Other income | 31 |
| Net gains/(loss) on sales | 2,670 |
| Net appreciation/ (depreciation) | 19,203 |
| | 21,904 |
| CONTRIBUTIONS | |
| Employer | 199 |
| Employee | 1,325 |
| | 1,524 |
| Total additions | 23,428 |
| DEDUCTIONS | |
| Participant benefit payments | 21,190 |
| Forfeitures | - |
| Corrective distributions | - |
| Total deductions | 21,190 |
| Net Increase/(Decrease) | 2,238 |
| Interfund Transfer | 109,038 |
| Beginning of year | - |
| End of year | $ 111,276 |

RUN DATE: 05/21/2010

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) 
AS OF: 12/31/2009

Plan Name: SEIDNER ENT., INC. 401(K) PLAN
Employer EIN: 95-4890311
Plan Number: 002
Run Date: 05/21/2010

| (a) | (b)Identity of Issue, Borrower, Lessor or Similar Party | (c)Description of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value) | | (d)Cost | (e)Current Value |
|---|---|---|---|---|---|
| | SSGA GOVERNMENT MONEY MARKET | Interest-Bearing Cash | 3,156.5757 | n/a | 21,323.66 |
| | SSGA INTERNATIONAL INDEX | Common / Collective Trust | 973.0471 | n/a | 12,718.40 |
| | SSGA ACTIVE US LARGE CAP BLEND | Common / Collective Trust | 9,144.7748 | n/a | 111,807.48 |
| | SSGA S&P 500 INDEX FUND | Common / Collective Trust | 16,342.6921 | n/a | 215,457.90 |
| | SSGA RUSSELL SMALL CAP INDEX | Common / Collective Trust | 118.9705 | n/a | 1,995.41 |
| | SSGA STABLE VALUE FUND | Common / Collective Trust | 20,542.4290 | n/a | 314,974.74 |
| | SSGA S&P MIDCAP INDEX | Common / Collective Trust | 10,721.3844 | n/a | 112,175.29 |
| | ALGER SMALL CAP GROWTH INSTL-I | Registered Investment Company | 218.4902 | n/a | 4,841.74 |
| | DWS CORE FIXED INCOME FUND-A | Registered Investment Company | 45.3958 | n/a | 406.75 |
| | DWS MID CAP GROWTH FUND-A | Registered Investment Company | 22.0480 | n/a | 247.38 |
| | AMERICAN CENTURY INC & GR -A | Registered Investment Company | 474.8240 | n/a | 10,123.25 |
| | FIDELITY ADV EQUITY INCOME - T | Registered Investment Company | 371.4242 | n/a | 7,707.05 |
| | GEORGE PUTNAM FUND OF BOSTON-M | Registered Investment Company | 2,185.4883 | n/a | 23,603.28 |
| | T. ROWE PRICE MID-CAP VALUE -R | Registered Investment Company | 404.2449 | n/a | 8,270.85 |
| | ALLIANCEBER GLO THEM GR FD -A | Registered Investment Company | 288.5993 | n/a | 18,822.44 |
| | ALLIANZ NFJ SMALL-CAP VALUE -A | Registered Investment Company | 540.3527 | n/a | 12,530.78 |
| | RS VALUE FUND - A | Registered Investment Company | 863.8009 | n/a | 17,837.49 |
| | NEUBERGER BERMAN PARTNERS -ADV | Registered Investment Company | 2,210.1661 | n/a | 35,075.34 |
| | TEMPLETON GROWTH - R | Registered Investment Company | 761.2075 | n/a | 12,689.33 |
| | JANUS FORTY FUND - S | Registered Investment Company | 3,530.3211 | n/a | 111,275.72 |
| | Participant Loans | Interest Rates ( 5.25% to 10.25% ) | | n/a | 66,759.76 |
| | | | TOTAL | | 1,120,644.04 |

NOTE: The following is specifically for Form 5500 reporting.
The difference between Participant Loans on this Schedule and Participant Loans reported on Form 5500 Schedule H or I is the amount of DDLs. Loan amounts shown here include DDLs, while loan amounts reported on 5500 forms do not include DDLs.

RUN DATE: 05/21/2010

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) PAGE 1

Period: 01/01/2009 through 12/31/2009

Plan Name: SEIDNER ENT., INC. 401(K) PLAN Employer EIN: 95-4890311

Plan Number: 002 Run Date: 05/21/2010

| (a)Identity of Issue, Borrower, or Similar Party | (b)Description of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value) | (c)Cost of Acquisitions | (d)Proceeds of Dispositions |
|---|---|---|---|

NOTE: IN ACCORDANCE WITH SPECIFIC INSTRUCTIONS, ACQUISITIONS AND DISPOSITIONS OF CERTAIN TYPES OF ASSETS NEED NOT BE REPORTED. THESE INCLUDE FUNDS OF COMMON/COLLECTIVE TRUSTS AND REGISTERED INVESTMENT COMPANIES.

Form **5558**
(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

**File With IRS Only**

## Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
Jon Daniels
Number, street, and room or suite no. (If a P.O. box, see instructions)
1151 N Azusa Ave
City or town, state, and ZIP code
Covina, CA 91722

B Filer's identifying number (see instructions).
☑ Employer identification number (EIN).
95 : 4890311
☐ Social security number (SSN)

| C Plan name | Plan number | Plan year ending— MM | DD | YYYY |
|---|---|---|---|---|
| 1 Seidner Ent. Inc. 401(K) Plan | 002 | 12 | 31 | 2009 |
| 2 | | | | |
| 3 | | | | |

## Part II Extension of Time to File Form 5500 or Form 5500-EZ *(see instructions)*

1 I request an extension of time until 10, 15, 2010 to file Form 5500 or Form 5500-EZ.

The application **is automatically approved** to the date shown on line 1 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and **(b)** the date on line 1 is no more than 2½ months after the normal due date.

**You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.**

**Note.** A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

## Part III Extension of Time to File Form 5330 *(see instructions)*

2 I request an extension of time until ___/___/___ to file Form 5330.
You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ▶ a

b Enter the payment amount attached . . . . . ▶ b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶ c

3 **State in detail why you need the extension**

MAILED
7-26-10 (K)

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

**Signature** ▶ Jon D  **Date** ▶ 7-26-10

Schedule C, Line 2(h) Formula Description

*For those service providers listed on Line 2 for which Line 2(h) has been checked "yes":*

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.