Form 5500-SF Short Form Annual Re				• •	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service This form is required to be filed				Plan	2009					
Department of Labor Retirement Income Security A				(ERISA), and section 6058(a) of the ode (the Code).	This Form is Open to Public					
Ρ	ension Benefit Guaranty Corporation	00-SF.	Inspection							
	Part I Annual Report Identification Information									
	, , ,	single-employer plan		and ending	12/31/					
	This return/report is for:			mployer plan (not multiemployer)		one-participant plan				
В	This return/report is for:	first return/report	final retur	•						
~		an amended return/report		year return/report (less than 12 m	ontns)					
	Check box if filing under:	Form 5558		extension		DFVC program				
Da	art II Basic Plan Inform	special extension (enter description special extension special extension (enter description special extension special extension sp								
	Name of plan	Tation —enter all requested informa	alion		1b	Three-digit				
	ASSADOR MARKETING PROF	IT SHARING PLAN				plan number				
					1.	(PN) 🖡				
					TC	Effective date of plan 01/01/2007				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-1621536				
					2c	Plan sponsor's telephone number				
	- 164TH AVE. N.E., SUITE 200 MOND, WA 98005				2d	425-881-5232 Business code (see instructions)				
		address (if same as Plan sponsor, e			3b	541910 Administrator's EIN				
AIVIB	ASSADOR MARKETING, INC.	REDMOND,		E., SUITE 200	3c	91-1621536 Administrator's telephone number				
4	f the name and/or FIN of the pla	n sponsor has changed since the las	st return/re	port filed for this plan, enter the	425-881-5232 4b EIN					
		r from the last return/report. Sponso								
5a Total number of participants at the beginning of the plan year					-	PN				
b		the end of the plan year			5a 5b	6				
C Total number of participants with account balances as of the end of					dC	6				
			, ,	· · ·	5c	6				
	•	uring the plan year invested in eligib		. ,		X Yes No				
b		e annual examination and report of a See instructions on waiver eligibility a				X Yes No				
		er 6a or 6b, the plan cannot use F		,						
Pa	rt III Financial Informa	ation		r						
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End of Year				
a h	1		. 7a	1662	.7	21611				
b C	•	b from line 7a)		1662	7	21611				
8	Income, Expenses, and Transf	,	7c	(a) Amount		(b) Total				
a	Contributions received or recei									
	(1) Employers		8a(1)		_					
			8a(2)							
h	., ,			540						
b C				513	4	5134				
d		ollovers and insurance premiums				0104				
	to provide benefits)		8d							
e Certain deemed and/or corrective distributions (see instructions)										
f Administrative service providers (salaries, fees, commissions)				15	0					
g b	•	20. 9f and 9a)	Ŭ			150				
n i		3e, 8f, and 8g) 8 8h from line 8c)	8h 8i			4984				
j		e instructions)	-							
			J	I						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2H 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:	_	Yes	No		Amo	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			Х				
С	Was the plan covered by a fidelity bond?	10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)			х				
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h						
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	No
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter th granting the waiver. Month Day If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year. 12b C Enter the amount contributed by the employer to the plan for this plan year.					e date of	the le		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	١	١o	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		·····- <u></u>				Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
13c(1) Name of plan(s):				13c(2) EIN(s) 13c			13c(3)	PN(s)
Caut	ion. A negative for the late or incomplete filing of this return/report will be assessed unless reasonab		ISA is	octabl	ishad			

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/12/2010	JAMES R. RIBAIL
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Oct. 12. 2010 10:09AM 425-629-6202 No. 2702 Ρ. 2 Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0110 1210-0089 **Benefit Plan** Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee 2009 Rellrement Income Security Act of 1974 (ERISA), and section 6058(a) of the Department of Labor Employee Benefits Security Administration Internal Revenue Code (the Code). This Form is Open to Public Pension Benefit Guaranty Corporation Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning and ending k single-employer plan A This return/report is for; multiple-employer plan (not multiemployer) one-participant plan B This return/report is for: first return/report final return/report short plan year return/report (tees than 12 months) an amended return/report x C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Basic Plan Information—enter all requested Information Part II 1a Name of plan 1b Three-dialt AMBASSADOR MARKETING PROFIT SHARING PLAN plan number (PN) 🕨 001 1c Effective date of plan 01/01/2007 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number AMBASSADOR MARKETING, INC. (EIN) <u>91-162</u>1536 2c Plan sponsor's telephone number 8201 - 164TH AVE, N.E., SUITE 200 425-881-5232 REDMOND WA 98005 2d Business code (see Instructions) 541910 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") 3b Administrator's EIN SAME 91-1621536 Administrator's telephone number 3¢ 425-881-5232 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponeor's name 4C PN 5a Total number of participants at the beginning of the plan year Ба 6 b Total number of participants at the end of the plan year..... δb 6 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not С complete this item) 5c 6 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) x Yes No Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) b under 29 CFR 2520.104-467 (See instructions on walver eligibility and conditions.)..... X Yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year Tolal plan assets..... а 7a 16627 21611 b Total plan llabilities..... 7b C Net plan assets (subtract line 7b from line 7a)..... 7c 16627 21611 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total а Contributions received or receivable from: (1) Employers <u>0a(1)</u> (2) Participants 88(2) (3) Others (including rollovers)..... 8a(3) b Olher Income (loss)..... 8b 5134 С Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8¢ 5134 Benefits paid (including direct rollovers and insurance premiums d to provide benefils)..... 8d Certain deemed and/or corrective distributions (see instructions) 0. Administrative service providers (salaries, fees, commissione) f. 8ŕ 150 Olher expenses..... g 8g Total expenses (add lines 8d, 8e, 8f, and 8g) h 8h 150 Net Income (loss) (subtract line 8h from line 8c)..... I 8í 4984 Transfers to (from) the plan (see instructions)

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...Oct. 12. 2010 10:10AM 425-629-6202

No. 2702 P. 3

Form	5500	-SF	2009
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SIGN HERE

Signature of employer/plan sponsor

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<u> </u>										
Parl					-		·			
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2H 3D									
d	f the plan provides welfare benefits, enter the applicable welfare for	eature codes from th	e List of Plan Characte	ristic Co	des in	the Instruct	ions:			
Part	V Compliance Questions									
10	During the plan year;			Yes	No	· -	<u> </u>			
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fidu	aram) 110		x	+	Amount				
b	Were there any nonexempt transactions with any party-in-Interest? on line 10a.)	sacilone reported	1	x	-					
C	Was the plan covered by a fidelity bond?			_	x					
ď	Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?	idelib bood that way		·	x					
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, Insurance service or other organization that provides some or all of the benefits under the plan? (See Instructions.)				×		<u> </u>			
f	Has the plan failed to provide any benefit when due under the plan	?			x	·				
	Did the plan have any participant loans? (if *Yes," enter amount as				x	{ -	···			
h	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	See instructions and	29.050		_^		· · ·			
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.	e required notice or c	ne of the		<u> </u>		······································			
Part \	Pension Funding Compliance						· · · · ·			
11	11 Is this a defined benefit plan subject to minimum funding regulirements? (If "Yes," see instructions and complete Schedule SB (Form									
12	is this a defined contribution plan subject to the minimum funding re	equirements of section	on 412 of the Code or a	action 3	02 61		Yes No			
	if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica	ble)								
al	f a waiver of the minimum funding standard for a prior year is being ranting the waiver	amortized in this pla	an year, see instruction	s, and e	nler lh	e date of th	e latter ruling			
```	ranting the waiver u completed line 12a, complete lines 3, 8, and 10 of Schedule		Month		Day .	`	rear			
	inter the minimum required contribution for this plan year			Г	12b					
CE	nler the amount contributed by the employer to the plan for this pla	n vear		⊢	120					
a s	ubiract the amount in line 12c from the amount in line 12b. Enter the egative amount)	he result (enter a mir	us sign to the left of a		12d	,	<b></b>			
<u>e \</u>	Vill the minimum funding amount reported on line 12d be met by the	e funding deadline?		····	<u>،                                     </u>	Yes				
Part V	II Plan Terminations and Transfers of Assets									
13a ⊦	as a resolution to terminate the plan been adopted during the plan	year or any prior yea	ar7		<u> </u>		Yes X No			
I	"Yes," enter the amount of any plan assets that reverted to the em	plover this year		Г	13a	<u> </u>				
D V	vere all the plan assets distributed to participants or beneficiaries. (	ransferred to enotice	r plan, or brought upda	the cor	itrol					
C I										
13c(1) Name of plan(c):					3c(2) EIN(s) 13c(3) PN					
							13c(3) PN(8)			
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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.										
SIGN	$x \leq \sqrt{2}$	10-12-10	JAMES R. RIBAIL							
HERE	Signature of plan administrator	Date		al signi	igning as plan administrator					

Date

Enter name of individual signing as employer or plan spongor