## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee Benefit Plan** 

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

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	n the instructions to the Form 550	0-SF.					
		entification Information								
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	0	and ending 0	8/31/2	2010				
Α -	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	ant plan			
В	This return/report is for:	first return/report X	final retur	n/report		_				
		an amended return/report	short plan	year return/report (less than 12 mo	nths)					
C	Check box if filing under:	Form 5558	automatio	extension	DFVC program					
		special extension (enter description	on)							
Pa	rt II Basic Plan Inform	nation—enter all requested inform	ation							
1a	Name of plan				1b	Three-digit				
CYTO	OPEIA, INC. 401(K) PLAN					plan number	001			
					10	(PN)	of plan			
					10	Effective date of 07/01/2				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Ident (EIN) 33-086		nber		
0110	51 EI/I, 1140.				2c	Plan sponsor's		umber		
	0 - 28TH AVE. N.E. FTLE, WA 98125					206-36	4-3400			
02/11	,				2d	Business code 541990	(see instruct	tions)		
3a	Plan administrator's name and	address (if same as Plan sponsor, e	nter "Same	9")	3b	Administrator's	EIN			
CYTO	OPEIA, INC.	12730 - 28TI SEATTLE, W			•	33-086				
					3C	Administrator's 206-36	telephone n 4-3400	umber		
<b>4</b> II	f the name and/or EIN of the pla	in sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN				
ı	name, EIN, and the plan numbe	r from the last return/report. Sponso	or's name		4c	DNI				
5a	Total number of participants at	the beginning of the plan year			5a	FIN		18		
		the end of the plan year			5a					
	• •	th account balances as of the end of			30					
	·			` .	5c			0		
	· ·	0 , ,		(See instructions.)			X Yes	No		
b				ndent qualified public accountant (IQ ons.)			X Yes	No		
				SF and must instead use Form 55			Ц	□		
Pa	rt III Financial Informa									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year			
а	Total plan assets		. 7a	22261	1			0		
b	Total plan liabilities		. 7b							
С	Net plan assets (subtract line 7	'b from line 7a)	. 7с	22261	1			0		
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b)	Total			
а	Contributions received or recei		0-(4)							
	, , , ,		. 8a(1)							
	•	)								
h	, ,		` `	2	2					
C	` '	8a(2), 8a(3), and 8b)						2		
d		rollovers and insurance premiums		4700						
			. 8d	17882	_					
е		ive distributions (see instructions)	. <u>8e</u>	4315	_					
f		rs (salaries, fees, commissions)		66						
g	•							22263		
h :		Be, 8f, and 8g)						-22261		
! :		e 8h from line 8c)						22201		
J	Transiers to (from) the plan (se	ee instructions)	. 8i							

F	orm 5500-SF 2010	Page <b>2-</b>	
Part IV	Plan Characteristics		

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D

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

	in the plant provides wellare betterns, enter the applicable wellare reactive codes from the List of Flant Chara	Clerisi		163 III ti	ie iristructi	) iis.	
art	V Compliance Questions						
0	During the plan year:		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete	Sched	ule SB	(Form	Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver						
	Enter the minimum required contribution for this plan year		[	12b			
	Enter the amount contributed by the employer to the plan for this plan year		1	12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII Plan Terminations and Transfers of Assets						
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		L-J	0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			ntrol		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to				
1	3c(1) Name of plan(s):		130	(2) EIN	N(s)	13c(3	<b>)</b> PN(s)
auti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	se is	establi	shed.		
Inde B o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/, it is true, correct, and complete.	ırn/rep	ort, in	cluding	, if applical		
	Filed with authorized/valid electronic signature 10/13/2010 GER VAN DEN E	NCH					

SIGN	Filed with authorized/valid electronic signature.	10/13/2010	GER VAN DEN ENGH
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

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	Part I Annual Report Identification Information									
- FOF	calendar plan year 2010 or fiscal plan year beginning 01/01/201	0	and ending 0	8/31/2	2010					
Αī	This return/report is for: Single-employer plan	multiple-emp	oloyer plan (not multiemployer)	one-participant plan						
B	This return/report is for: first return/report	final return/re	eport							
	an amended return/report	short plan ye	ear return/report (less than 12 mor	nths)						
C	Check box if filing under: Form 5558	automatic ex	tension		DFVC program					
	special extension (enter description	_ bi vo piogram								
Pa	rt II   Basic Plan Information—enter all requested information	TOTAL CONTRACTOR OF THE PERSON	·							
7.5	Name of plan	allon		1h	Three-digit					
	DPEIA, INC. 401(K) PLAN			ID	plan number					
					(PN) DO1					
		1c	Effective date of plan 07/01/2002							
	Plan sponsor's name and address (employer, if for single-employer	plan)	- 1000 -	2b	Employer Identification Number					
CYT	DPEIA, INC.				(EIN) 33-0861992 Plan sponsor's telephone number					
	0 - 28TH AVE. N.E. ITLE WA 98125				206-364-3400  Business code (see instructions)					
32	Plan administrator's name and address (if same as Plan sponsor, e	nlar "Come")			541990					
SAM		iller Same)			Administrator's EIN 33-0861992					
1001 27				3с	Administrator's telephone number 206-364-3400					
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, name, EIN, and the plan number from the last return/report. Sponsor's name				4b	EIN					
	12 IE 18 9-17-24-20-20-20-20-11 (Entertail Description (A. 1900)	4c	PN							
11	Total number of participants at the beginning of the plan year	5a	18							
b Total number of participants at the end of the plan year				5b	0					
					The state of the s					
C	Total number of participants with account balances as of the end of complete this item)	f the plan yea	r (defined benefit plans do not	5c	0					
<u> </u>	complete this item)		r (defined benefit plans do not	5c						
<u> </u>	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of	le assets? (So	r (defined benefit plans do not ee instructions.)	5c	Yes No					
6a	Complete this item)	le assets? (So an independe and condition	r (defined benefit plans do not ee instructions.) ent qualified public accountant (IQI s.).	<b>5</b> c	Yes No					
6a b	Complete this item)	le assets? (So an independe and condition	r (defined benefit plans do not ee instructions.) ent qualified public accountant (IQI s.).	<b>5</b> c	Yes No					
6a b	were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information	le assets? (So an independe and condition	r (defined benefit plans do not ee instructions.)ent qualified public accountant (IQ s.)and must instead use Form 55	<b>5</b> c	— X Yes ☐ No X Yes ☐ No					
6a b Pa	were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use F  If III Financial Information  Plan Assets and Liabilities	ele assets? (So an independe and condition orm 5500-SF	r (defined benefit plans do not ee instructions.) ent qualified public accountant (IQ s.) and must instead use Form 55	5c	Yes No  Yes No  Yes No					
6a b Pa 7 a	Complete this item)	ele assets? (So an independe and condition orm 5500-SF	r (defined benefit plans do not ee instructions.)ent qualified public accountant (IQ s.)and must instead use Form 55	5c	— X Yes ☐ No X Yes ☐ No					
6a b Pa 7 a b	Complete this item)	ele assets? (So an independe and condition orm 5500-SF	r (defined benefit plans do not ee instructions.) ent qualified public accountant (IQI s.) and must instead use Form 55  (a) Beginning of Year 22261	5c PA)	Yes No  Yes No  Yes No  (b) End of Year					
Pa 7 a b c	Complete this item)	ele assets? (So an independe and condition orm 5500-SF	r (defined benefit plans do not ee instructions.) ent qualified public accountant (IQIs.) and must instead use Form 55  (a) Beginning of Year 22261	5c PA)	Yes   No   No     No     No     No     No     No     No   N					
6a b Pa 7 a b c	Complete this item)	ele assets? (So an independe and condition orm 5500-SF	r (defined benefit plans do not ee instructions.) ent qualified public accountant (IQI s.) and must instead use Form 55  (a) Beginning of Year 22261	5c PA)	Yes No  Yes No  Yes No  (b) End of Year					
Pa 7 a b c	complete this item)	ole assets? (Si an independe and condition orm 5500-SF	r (defined benefit plans do not ee instructions.) ent qualified public accountant (IQIs.) and must instead use Form 55  (a) Beginning of Year 22261	5c PA)	Yes   No   No     No     No     No     No     No     No   N					
6a b Pa 7 a b c	Complete this item)	ole assets? (Si an independe and condition: orm 5500-SF	r (defined benefit plans do not ee instructions.) ent qualified public accountant (IQIs.) and must instead use Form 55  (a) Beginning of Year 22261	5c PA)	Yes   No   No     No     No     No     No     No     No   N					
6a b Pa 7 a b c	Complete this item)	ole assets? (Si an independe and condition: orm 5500-SF	r (defined benefit plans do not ee instructions.) ent qualified public accountant (IQIs.) and must instead use Form 55  (a) Beginning of Year 22261	5c PA)	Yes   No   No     No     No     No     No     No     No   N					
Pa 7 a b c 8 a	Complete this item)	le assets? (So an independe and conditions orm 5500-SF    7a   7b   7c    8a(1)   8a(2)   8a(3)	r (defined benefit plans do not ee instructions.) ent qualified public accountant (IQI s.) and must instead use Form 55  (a) Beginning of Year 22261  (a) Amount	5c	Yes   No   No     No     No     No     No     No     No   N					
Pa 7 a b c 8 a	Complete this item)	le assets? (Si an independe and condition: orm 5500-SF . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3)	r (defined benefit plans do not ee instructions.) ent qualified public accountant (IQIs.) and must instead use Form 55  (a) Beginning of Year 22261	5c	(b) End of Year  (b) Total					
Pa 7 a b c 8 a	Complete this item)	le assets? (Si an independe and condition orm 5500-SF 	r (defined benefit plans do not ee instructions.) ent qualified public accountant (IQI s.) and must instead use Form 55  (a) Beginning of Year 22261  (a) Amount	5c	Yes   No   No     No     No     No     No     No     No   N					
Pa 7 a b c 8 a	Complete this item)	le assets? (Si an independe and condition: orm 5500-SF . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3)	r (defined benefit plans do not ee instructions.) ent qualified public accountant (IQI s.) and must instead use Form 55  (a) Beginning of Year 22261  (a) Amount	5c	(b) End of Year  (b) Total					
Pa 7 a b c 8 a	Complete this item)	le assets? (Si an independe and condition: orm 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	r (defined benefit plans do not ee instructions.) ent qualified public accountant (IQI s.) and must instead use Form 55  (a) Beginning of Year 22261  (a) Amount	PA)	(b) End of Year  (b) Total					
Pa 7 a b c 8 a	Complete this item)  Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Free III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)	le assets? (Si an independe and condition: orm 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	r (defined benefit plans do not ee instructions.) ent qualified public accountant (IQIs.) and must instead use Form 55  (a) Beginning of Year 22261  (a) Amount	5c	(b) End of Year  (b) Total					
Pa 7 a b c 8 a	Complete this item)	le assets? (Si an independe and condition orm 5500-SF	r (defined benefit plans do not ee instructions.) ent qualified public accountant (IQI s.) and must instead use Form 55  (a) Beginning of Year 22261  (a) Amount	5c	(b) End of Year  (b) Total					
Pa 7 a b c 8 a	Complete this item)	le assets? (Si an independe and condition orm 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	r (defined benefit plans do not ee instructions.) ent qualified public accountant (IQI s.) and must instead use Form 55  (a) Beginning of Year 22261  (a) Amount	5c	(b) End of Year  (b) Total					
Pa 7 a b c 8 a	Complete this item)	le assets? (Si an independe and conditions orm 5500-SF  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	r (defined benefit plans do not ee instructions.) ent qualified public accountant (IQI s.) and must instead use Form 55  (a) Beginning of Year 22261  (a) Amount	5c	(b) End of Year  (b) Total					
Pa 7 a b c 8 a	Complete this item)	le assets? (Si an independe and conditions orm 5500-SF  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	r (defined benefit plans do not ee instructions.) ent qualified public accountant (IQI s.) and must instead use Form 55  (a) Beginning of Year 22261  (a) Amount	5c	(b) End of Year  (b) Total  22263					

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Signature of employer/plan sponsor

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Page	/-	17
I duc		,

		Form 5	500-SF 2010		The same of the same	Р	age <b>2-</b> [1							
Par	t IV	Pl	an Characterist	tics			7. N. S.					-		-
	If th	ne plan p	rovides pension ber		applicable pension fe	ature codes from the	List of Plan Chara	acteris	tic Co	des in	the instruc	ctions:		
	2E	2G 2	2J 2K 3D											
b	n u	ie pian p	rovides weitare ben	etits, enter the	applicable welfare fea	ature codes from the	List of Plan Chara	cteris	lic Coc	les in i	the instruct	tions:		
Part	V	Com	pliance Questi	one		of a manufacturing								
10			plan year:	Ons	N	<del></del>		-	Yes	No	<u> </u>	1920		
	W	as there	a failure to transmit	to the plan any	y participant contributio	ons within the time pe	eriod described in		160	NO		Amou	int	
	2	9 CFR 2	510.3-102? (See ins	structions and I	DOL's Voluntary Fiduci	ary Correction Progr	am)	10a		Х				
b	on	ere there I line 10a	any nonexempt tra	nsactions with	any party-in-interest?	(Do not include trans	sactions reported	10b		X				
C								10c		х				
d	Di	d the pla	n have a loss, wheth	her or not reim	bursed by the plan's fic	delity bond, that was	caused by fraud	40.		×				
е					rokers, agents, or other			10d					-507 99500	-
	ins	surance s	service or other orga	anization that p	provides some or all of	the benefits under th	e plan? (See	10e		×				
f					en due under the plan?			10f		×				
g					es," enter amount as o		L			X			-	
h	lf t	his is an	individual account p	plan, was there	a blackout period? (Se	ee instructions and 2	9 CFR	10g			L. C.	a de Maria	etzet j	e de la composición dela composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición de la composición dela c
2.4.0	25	20.101-3	3.)					10h		X				
I	lf 'ex	10h was ceptions	answered "Yes," che to providing the not	eck the box if y lice applied und	ou either provided the der 29 CFR 2520.101-	required notice or or 3	ne of the	10i						
Part	100	LANCE SETTINGS	sion Funding C						7.5		Harris San	_	-	***************************************
11	ls 1	this a def	fined benefit plan su	bject to minim	um funding requiremer	nts? (If "Yes," see ins	structions and comp	plete	Sched	ule SB	(Form	П	Yes [	∏ No
12	ls	this a de	fined contribution of	lan subject to t	he minimum funding re	equirements of section	n 412 of the Code	or so	otion 3	02 of 1	EDICA2	ㅡ;		X No
	(If	"Yes," co	implete 12a or 12b,	12c, 12d, and	12e below, as applicat	ole.)								_
а	If a	waiver o	of the minimum fund	ling standard f	or a prior year is being	amortized in this pla	n year, see instruc	tions,	and e	nter th	e date of t	he lette	er rulin	ng
lf v	gra	complet	e waiver ted line 12a compl	lete lines 3 9	and 10 of Schedule I	WD /Form EE00\ on	Mont	h		Day		Year_		
b					nis plan year				Г	12b				
					r to the plan for this pla					12c				
d	Su	btract the	e amount in line 12c	from the amo	unt in line 12b. Enter th	ne result (enter a min	us sian to the left o	of a						
	ne	gative an	nount)				***************************************			12d				
					line 12d be met by the	funding deadline?					Yes	No		N/A
Part	VII	Plai	n Terminations	and Trans	fers of Assets	-								
13a	Ha	s a resol	ution to terminate th	ne plan been a	dopted during the plan	year or any prior yea	ar?	******				X	Yes	No
	If "	Yes," ent	er the amount of an	y plan assets	that reverted to the em	ployer this year				13a				0
b	We of	ere all the the PBG	e plan assets distribi C?	uted to particip	ants or beneficiaries, ti	ransferred to anothe	r plan, or brought u	ınder	the co	ntrol		N v	<sub>/ол</sub> Г	7 No.
C	lf c	luring thi	s plan year, any ass	ets or liabilitie	s were transferred from	this plan to another	plan(s), identify th	e nlar		••••			Yes	No
	wh	ich asse	ts or liabilities were	transferred. (S	ee instructions.)			o piui	.(0) 10					
1	3c(	1) Name	of plan(s):						130	(2) EII	N(s)	13	c(3) F	PN(s)
t	835											+		
												1		
Cauti	ion:	A penal	ty for the late or in	ncomplete filir	ng of this return/repor	rt will be assessed	unless reasonable	e cau	so is c	etahli	ished			
Unde	r pe	nalties o	f perjury and other p	penalties set fo	orth in the instructions.	declare that I have	examined this retu	m/ren	ort inc	cluding	if applied	ble a	Scher	dule
28 0	SC	neaule iv	IB completed and si prect, and complete	igned by an en	rolled actuary, as well	as the electronic ver	sion of this return/r	eport	and to	the b	est of my	knowle	dge a	nd
SIGN		x Che	Er vern d	wen	1	10/6/10	GER VAN DEN	ENG	1	-				
HER		Signatu	re of plan adminis	7		Date	Enter name of inc	dividu	al einn	ina aa	nlan admi	nietest		
SIGN	,						Lines Hame of the	ui ¥IUU	ar əryn	ing as	hiaii aaiii	instrate	л	7.07°C
HER		Signati	re of employer/pla	amenoneor		Date	Enter name of in	ar		•	576 200			

Date

Enter name of individual signing as employer or plan sponsor