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.

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2	2010	and ending	12/31/2	2010
Α .	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retu	n/report		
	an amended return/report	short plai	n year return/report (less than 12 m	onths)	
С	Check box if filing under: Form 5558	automatic	cextension		DFVC program
	special extension (enter descr				
Pa	Int II Basic Plan Information—enter all requested info	' '			
	Name of plan	mation		1b	Three-digit
	CK SHADEL 401(K) PLAN & TRUST				plan number 001
					(PN) •
				1c	Effective date of plan 01/01/2009
22	Plan sponsor's name and address (employer, if for single-emplo	vor plan)		2h	Employer Identification Number
	FY, LLP	yei piaii)		20	(EIN) 52-2376637
				2c	Plan sponsor's telephone number
	1 AMBAUM BLVD SW ITLE, WA 98146			0-1	206-244-8100
				2a	Business code (see instructions) 623000
3a	Plan administrator's name and address (if same as Plan sponso	r, enter "Sam	e")	3b	Administrator's EIN
DUF	FY, LLP 12101 AN	MBAUM BLVD E, WA 98146) SW		52-2376637
		,		3c	Administrator's telephone number 206-244-8100
4 1	f the name and/or EIN of the plan sponsor has changed since the	e last return/re	eport filed for this plan, enter the	4b	
	name, EIN, and the plan number from the last return/report. Spo		, рет по в том реше, в тем по		
				4c	
5a	Total number of participants at the beginning of the plan year			. 5a	90
b	Total number of participants at the end of the plan year		. 5b	90	
C	Total number of participants with account balances as of the en complete this item)		•	. 5c	12
6a	Were all of the plan's assets during the plan year invested in el	igible assets?	(See instructions.)		Yes No
b	Are you claiming a waiver of the annual examination and report				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ou answered "No" to either 6a or 6b, the plan cannot us	•	•		Yes No
Pa	rt III Financial Information	e Form 5500-	SF and must instead use Form 5	500.	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
-	Total plan assets	7a	(a) Beginning of Tear	08	280056
	Total plan liabilities				
C	Net plan assets (subtract line 7b from line 7a)		22170	08	280056
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) Total
а	Contributions received or receivable from:		(a) Amount		(b) Total
	(1) Employers	8a(1)			
	(2) Participants	8a(2)	4226	69	
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	254	59	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				67728
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		938	30	
е	Certain deemed and/or corrective distributions (see instructions				
f	Administrative service providers (salaries, fees, commissions)	8f			
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				9380
i	Net income (loss) (subtract line 8h from line 8c)	8i			58348
i	Transfers to (from) the plan (see instructions)				

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

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

art	٧	Compliance Questions						
0	Dur	ing the plan year:		Yes	No		Amo	unt
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X			
С	Wa	s the plan covered by a fidelity bond?	10c	X				500
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X			
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, trance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	X				10
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		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X			
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI	Pension Funding Compliance						
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))					[Yes X
2	ls ti	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	🔲	Yes X
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th					
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Γ	12b	1		
		er the minimum required contribution for this plan year			12c			
		er the amount contributed by the employer to the plan for this plan yeartract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left			120			
u		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	o N/
art	VII	Plan Terminations and Transfers of Assets						
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>				Yes X
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to PBGC?	under	the co		•		Yes X
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to)			
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)	1	3c(3) PN(s
auti	on:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.		
Inde B or	r per Sch	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retuended the MB completed and signed by an enrolled actuary, as well as the electronic version of this return/true, correct, and complete.	urn/re	port, ir	ncludin	g, if appl		

SIGN	Filed with authorized/valid electronic signature.	02/26/2011	RICHARD ST. PETER					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	02/26/2011	RICHARD ST. PETER					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

Form 5500-SF

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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.

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

1700	art Annual Report Identification Information								
For	the calendar plan year 2010 or fiscal plan year beginning	01/0	1/2010	and ending	12	/31/2010			
A	This return/report is for: x single-employer plan	multiple-e	mployer plan (n	ot multiemployer)	Γ	one-participant plan			
В	This return/report is for: first return/report	final retur	n/report		L.	paraopara pian			
	an amended return/report	short plar	year retum/rep	ort (less than 12 mont	hs)				
С	Check box if filing under: Form 5558	i	extension	(,	DFVC program			
	Special extension (enter description	,			L] bi vo piogram			
P	art II Basic Plan Information enter all requested info	,							
	Name of plan	mation.			1h -	Three-digit			
						olan number			
	Schick Shadel 401(k) Plan & Trust				(PN) ▶ 001				
					1	Effective date of plan			
2a	Plan sponsor's name and address (employer, if for single-employer p	lan)		· · · · · · · · · · · · · · · · · · ·		Employer Identification Number			
	DUFFY, LLP					EIN) 52-2376637			
	12101 Ambaum Blvd SW					Plan sponsor's telephone number (206) 244-8100			
US	Seattle WA 98146				2d 8	Business code (see instructions)			
3 a	Plan administrator's name and address (If same as plan employer, el	nter "Same	*)			523000 Administrator's EIN			
	Same		,		, O.D.	Administrator 5 ENV			
					3c Administrator's telephone number				
						reministrator a terephone number			
4	If the name and/or EIN of the plan sponsor has changed since the las	st return/red	ont filed for this	nlan enter the	4b EIN				
	name, EIN and the plan number from the last return/report. Sponsor	s Name	ort med for this	pian, enter the	4c F				
5a	Total number of participants at the beginning of the plan year								
b	Total number of participants at the end of the plan year				<u>5a</u> 5b	90			
C	Total number of participants with account balances as of the end of the	ne plan yea	r (defined benef	it plans do not		30			
6a	complete this item)		· · · · ·		5c	12			
Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	d conditions	s.)	· • • • • · • ·		· · · · XYes \(\text{No} \)			
-	If you answered "No" to either 6a or 6b, the plan cannot use Form	n 5500-SF	and must inste	ad use Form 5500.					
Pa	rt III Financial Information								
<i>(</i>	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End of Year			
a h	Total plan assets	. 7a		221,708		280,056			
b	Total plan liabilities	. 7b			ļ				
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c		221,708	<u> </u>	280,056			
a a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	The second	(b) Total			
a	(1) Employers	. 8a(1)				,这种是一个种的			
	(2) Participants	8a(2)		42,269	194				
	(3) Others (including rollovers)	. 8a(3)							
b	Other income (loss)	. 8b		25,459					
Ç	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		の世界が重要		67,728			
đ	Benefits paid (including direct rollovers and insurance premiums to provide benefits)				0	The second second			
ө	Certain deemed and/or corrective distributions (see instructions)	8d		9,380	1000				
f	Administrative service providers (salaries, fees, commissions)	8e 8f							
g	Other expenses	8g							
_	Total expenses (add lines 8d, 8e, 8f, and 8g)		130 Lt 165		12.				
i	Net income (loss) (subject line 8h from line 8c)	8h			-	9,380			
i	Transfers to (from) the plan (see instructions)	8i 8j		· · · · · · · · · · · · · · · · · · ·	-	58,348			
-	- the first transfer to the first transfer transfer to the first transfer	[V]			115755	\$20次年的1000年10日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本			

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Part	IV Plan Characteristics						V		
	the plan provides pension benefits, enter the applicable pension fe	ature codes from the	List of Plan Charac	teristic	Codes	in the	instructions		
	2E 2F 2J the plan provides welfare benefits, enter the applicable welfare fea								
Part	V Compliance Questions								
10	During the plan year:				Yes	No	T	Amount	
а	Was there a failure to transmit to the plan any participant contributi	on within the time per	iod described in			x		anoune	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not include trans	m) actions reported	. 10a		X		***	
С	Was the plan covered by a fidelity bond?		• • • • • •	10b	x		 		
d	Did the plan have a loss, whether or not reimbursed by the plan's fi or dishonesty?	idelity bond, that was	caused by fraud	· 10d	<u> </u>	x			50,00
е	Were any fees or commisions paid to any brokers, agents, or other insurance services or other organization that provides some or all cinstructions.)	of the benefits under the	ne plan? (See	10e	x				1,06
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			10g		x			
h	If this is an individual account plan, was there a blackout period? (S	See instructions and 2	9 CFR	109			7.00		
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required notice or or	e of the	. 10h		ж			
Part	Pension Funding Compliance	3	• • • • • •	. [10]		=2	(175 PA		A DESCRIPTION OF STREET
11	ls this a defined benefit plan subject to minimum funding requireme 5500))	ents? (If "Yes," see ins	tructions and com	olete Sc	hedul	SB (Form	□Yes	X No
12	ls this a defined contribution plan subject to the minimum funding re	equirements of section	1 412 of the Code	or sectio	on 302	of EF	RISA?	Yes	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicated a waiver of the minimum funding standard for a prior year is being granting the waiver	g amortized in this pla	Mc	tions, ar	nd ente	er the	date of the le	etter ruling	
if ye	u completed line 12a, complete lines 3, 9, and 10 of Schedule l	MB (Form 5500), and	skip to line 13.			- Du,			
b	Enter the minimum required contribution for this plan year				· _	12b			
d	Enter the amount contributed by the employer to the plan for this planed by the amount in line 12c from the amount in line 12b. Enter the amount in line 12b. Enter the amount in line 12b. Enter the amount in line 12b.	he result (enter a min	us sign to the left o	 fa	. -	12c 12d			****
	Will the minimum funding amount reported on line 12d be met by th		• • • • • •	• •	· L		Yes I	No	□N/A
Part '	Plan Terminations and Transfers of Assets	o randing doddinie:	<u> </u>	• • •	• •	•			Шим
13a	las a resolution to terminate the plan been adopted during the plan	year or any prior yea	17					Tyes	X No
	f "Yes," enter the amount of any plan assets that reverted to the en	ployer this year .	• • • • • •			13a			
b	Were all the plan assets distributed to participants or beneficiaries, to the PBGC?					 ol			
C	f during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another p	olan(s), identify the	plan(s)	· · to	• •	• • • •	Yes	X No
13	c(1) Name of plan(s):			T	130	(2) El	N(s)	13c(3)	DN/c)
						<u> </u>	(0)	130(3)	14(5)

Caution	: A penalty for the late or incomplete filing of this return/report	will be assessed uni	ess reasonable c	ause is	estab	lishe	d.	<u> </u>	
Jnder p SB or S	enalties of perjury and other penalties set forth in the instructions, I in thedule MB completed and signed by an enrolled actuary, as well a is true, correct, and complete.	declare that I have ex	amined this return/	report i	naludi	20 16 0	annianta -	Schedule edge and	
407	Rid of La Car		Γ	····					
SIGN	Signature of plan administrator	Data 2 32 11	Richard St.				-		
SIGN	10-20 P.P.	Date 2-23-11	Enter name of individual signing as plan administrator						
Jidie			Richard St.	rece	<u> </u>				

Date 2-73-1)

HERE Signature of employer/plan sponsor

Richard St. Peter

Enter name of individual signing as employer or plan sponsor