	Form 5500-SF		eturn/l Benefit	Report of Small Emplo	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service		N 0	2010						
Department of Labor This form is required to be filed under sections 104 and 4065 of the Employee Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).						This Form is Open to Public				
P	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
	Part I Annual Report Identification Information									
	calendar plan year 2010 or fisca	2/31/2								
	This return/report is for:	single-employer plan	one-participant plan							
B	This return/report is for:	first return/report an amended return/report								
-		nths)	—							
C	C Check box if filing under:									
De	special extension (enter description)									
	Int II Basic Plan Inform	nation—enter all requested inform	ation		1b	Three-digit				
	ONDS LANDING RETIREMENT	PLAN				plan number 001				
						(PN) ►				
					1c	Effective date of plan 01/01/2008				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 26-1510421				
	ERICKSEN AVE., SUITE 222	,			2c	Plan sponsor's telephone number 206-842-0929				
	BRIDGE ISLAND, WA 98110				2d	Business code (see instructions) 623000				
3a EDM	Plan administrator's name and ONDS LANDING COMPENSAT	3b	Administrator's EIN 26-1510421							
		3c	Administrator's telephone number 206-842-0929							
	f the name and/or EIN of the pla	4b	EIN							
1	name, EIN, and the plan numbe	4c	PN							
5a	Total number of participants at	the beginning of the plan year				41				
b	Total number of participants at	5b	36							
С	Total number of participants wi	th account balances as of the end of	rear (defined benefit plans do not		6					
62										
	 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 									
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
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				
a			. 7a	6694	4	111282				
b	Total plan liabilities									
C	Net plan assets (subtract line 7	b from line 7a)	7c	6694	4	111282				
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or recei	vable from:	8a(1)	655	5					
			8a(2)	3808	2					
					-					
b	., ,			962	6					
с	(<i>'</i>	3a(2), 8a(3), and 8b)				54263				
d	Benefits paid (including direct r	ollovers and insurance premiums	8d	992	5					
е	, ,	ve distributions (see instructions)								
f		s (salaries, fees, commissions)								
g	•	- (
h	•	Be, 8f, and 8g)				9925				
i		8h from line 8c)				44338				
j	Transfers to (from) the plan (se	e instructions)	8j							

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

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: 9a 2T 3D 2G 2J 2K
- **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		Amount		
а				Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х				
с	Was the plan covered by a fidelity bond?	10c	Х				100000	
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.) 			x				
f								
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h				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							
Part	VI Pension Funding Compliance							
11								
12								
	(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 the date of the letter ruling granting the waiver								
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	b Enter the minimum required contribution for this plan year							
С	C Enter the amount contributed by the employer to the plan for this plan year							
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	
Part	VII Plan Terminations and Transfers of Assets							
13a	a Has a resolution to terminate the plan been adopted during the plan year or any prior year?							
	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(3) PN(s			
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	le cau	ise is	establi	shed.			

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.	05/18/2011	KIMBERLY SCHOLL
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	Short Form Annual Return/Report of Small Employ Benefit Plan			/ee	ee OMB N		
	Department of the Treasury Internal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee				2010		
Department of Labor Retirement Income Security Act				RISA), and section 6058(a) of the e (the Code).		This Form is	s Open to Pu	
	nsion Benefit Guaranty Corporation	Complete all entries in accord	where we consider the second sec	I-SF	Ins	pection		
Par	rt I Annual Report	Identification Information	dance with the			· · · · · · · · · · · · · · · · · · ·		
For ca	alendar plan year 2010 or fi			and ending				
A Th	his return/report is for:	X single-employer plan	multiple-empl	oyer plan (not multiemployer)		one-participa	int plan	
Вт	his return/report is for:	first return/report	rst return/report					
		an amended return/report	short plan yea	ar return/report (less than 12 mo	nths)			
C C	heck box if filing under:	Form 5558	automatic ext	ension	DFVC program			
		special extension (enter description	on)					
Par	t II Basic Plan Info	ormation-enter all requested inform	ation					
1a N	Name of plan				1b	Three-digit		
EDMC	ONDS LANDING RETIREM	ENT PLAN				plan number (PN)	001	
					1c	Effective date o	f plan	
	No. Apr. 14					01/01/2		
		ddress (employer, if for single-employer	plan)		2b	Employer Identi	fication Numb	
EDMC	ONDS LANDING COMPENS	SATION, LLC			20	(EIN) 26-151		
375 E	RICKSEN AVE., SUITE 222	2			20	Plan sponsor's 206-84	telephone nun 2-0929	
	BRIDGE ISLAND WA 98110				2d	Business code		
201	Dian administratoria asmo a	and address (if some as Dian approx a	mine "Come"		26	623000 Administrator's		
SAME		and address (if same as Plan sponsor, e	enter Same)		30	26-151	0421	
					3c	Administrator's	telephone nur	
4							2-0929	
		e plan sponsor has changed since the la nber from the last return/report. Sponso		t filed for this plan, enter the	40	EIN	20112	
					4c	PN		
5a -	Total number of participants	s at the beginning of the plan year			5a			
b '	Total number of participants	s at the end of the plan year			5b			
		s with account balances as of the end o			-			
	and the second							
			NG (1 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2		5c			
	100 C	its during the plan year invested in eligit		ee instructions.)			X Yes	
b	Are you claiming a waiver of	of the annual examination and report of	an independer	e instructions.) nt qualified public accountant (IQ	PA)			
b	Are you claiming a waiver of under 29 CFR 2520.104-46		an independer and conditions	ee instructions.) nt qualified public accountant (IQ 5.)	PA)			
b	Are you claiming a waiver of under 29 CFR 2520.104-46	of the annual examination and report of 6? (See instructions on waiver eligibility elther 6a or 6b, the plan cannot use F	an independer and conditions	ee instructions.) nt qualified public accountant (IQ 5.)	PA)			
b Par	Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to e	of the annual examination and report of 6? (See instructions on waiver eligibility elther 6a or 6b, the plan cannot use F	an independer and conditions	ee instructions.) nt qualified public accountant (IQ s.) and must instead use Form 55 (a) Beginning of Year	PA)		Yes [
b Par 7	Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to e rt III Financial Infor Plan Assets and Liabilities	of the annual examination and report of 6? (See instructions on waiver eligibility elther 6a or 6b, the plan cannot use F	an independer and conditions Form 5500-SF	e instructions.) nt qualified public accountant (IQ s.) and must instead use Form 55	PA)		Yes [
b Par 7 a	Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to e rt III Financial Infor Plan Assets and Liabilities Total plan assets	of the annual examination and report of 6? (See instructions on waiver eligibility elther 6a or 6b, the plan cannot use F rmation	an independer and conditions form 5500-SF	ee instructions.) nt qualified public accountant (IQ s.) and must instead use Form 55 (a) Beginning of Year	PA)		Yes [
b Par 7 a b	Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to ert III Financial Infor Plan Assets and Liabilities Total plan assets Total plan liabilities	of the annual examination and report of 6? (See instructions on waiver eligibility elther 6a or 6b, the plan cannot use F rmation	an independer and conditions form 5500-SF	ee instructions.) nt qualified public accountant (IQ s.) and must instead use Form 55 (a) Beginning of Year	PA)		X Yes [
b Par 7 a b c	Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to ert III Financial Infor Plan Assets and Liabilities Total plan assets Total plan liabilities	of the annual examination and report of 6? (See instructions on waiver eligibility elther 6a or 6b, the plan cannot use F rmation ne 7b from line 7a)	an independer and conditions form 5500-SF	e instructions.) nt qualified public accountant (IQ and must instead use Form 55 (a) Beginning of Year 6694	PA)	(b) Enc	X Yes [
b Par 7 b c 8 a	Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to eff t III Financial Infor Plan Assets and Liabilities Total plan assets	of the annual examination and report of 6? (See instructions on waiver eligibility elther 6a or 6b, the plan cannot use F rmation ne 7b from line 7a) ansfers for this Plan Year eceivable from:	an independer and conditions Form 5500-SF	ee instructions.) nt qualified public accountant (IQ and must instead use Form 55 (a) Beginning of Year 6694	PA)	(b) Enc	X Yes [
b Par 7 b c 8 a	Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to e rt III Financial Infor Plan Assets and Liabilities Total plan assets	of the annual examination and report of 6? (See instructions on waiver eligibility elther 6a or 6b, the plan cannot use F rmation ne 7b from line 7a) ansfers for this Plan Year eceivable from:	an independer and conditions Form 5500-SF 7a 7b 7c 8a(1)	ee instructions.) nt qualified public accountant (IQ and must instead use Form 55 (a) Beginning of Year 6694 (a) Amount 655	PA)	(b) Enc	X Yes [
b Par 7 a b c 8 a	Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to er till Financial Infor Plan Assets and Liabilities Total plan assets	of the annual examination and report of 6? (See instructions on waiver eligibility elther 6a or 6b, the plan cannot use F rmation ne 7b from line 7a) ansfers for this Plan Year eceivable from:	an independer and conditions form 5500-SF 7a 7b 7b 7c 8a(1) 8a(2)	e instructions.) nt qualified public accountant (IQ s.). and must instead use Form 55 (a) Beginning of Year 6694 (a) Amount	PA)	(b) Enc	X Yes [
b Par 7 a b c 8 a	Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to er till Financial Infor Plan Assets and Liabilities Total plan assets Total plan assets Net plan assets (subtract lin Income, Expenses, and Tra Contributions received or re (1) Employers (2) Participants (3) Others (including rollow	of the annual examination and report of 6? (See instructions on waiver eligibility elther 6a or 6b, the plan cannot use F rmation ne 7b from line 7a) ansfers for this Plan Year eceivable from:	an independer and conditions Form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3)	e instructions.) nt qualified public accountant (IQ s.) (a) Beginning of Year 6694 6694 (a) Amount 655 3808	PA)	(b) Enc	X Yes [
b Par 7 b c 8 a b	Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to eff t III Financial Infor Plan Assets and Liabilities Total plan assets	of the annual examination and report of 6? (See instructions on waiver eligibility elther 6a or 6b, the plan cannot use F rmation ne 7b from line 7a) ansfers for this Plan Year eceivable from: vers)	an independer and conditions Form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	ee instructions.) nt qualified public accountant (IQ and must instead use Form 55 (a) Beginning of Year 6694 (a) Amount 655	PA)	(b) Enc	A Yes [1 of Year 11 11 11 11 Total	
b Par 7 b c 8 a b c	Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to eff t III Financial Infor Plan Assets and Liabilities Total plan assets	of the annual examination and report of 6? (See instructions on waiver eligibility elther 6a or 6b, the plan cannot use F rmation ne 7b from line 7a) ansfers for this Plan Year eceivable from: //ers)	an independer and conditions Form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	e instructions.) nt qualified public accountant (IQ s.) (a) Beginning of Year 6694 6694 (a) Amount 655 3808	PA)	(b) Enc	I of Year 10 10 11 11 11 11 Total	
b Par 7 b c 8 a b c d	Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to eff Ill Financial Infor Plan Assets and Liabilities Total plan assets	of the annual examination and report of 6? (See instructions on waiver eligibility elther 6a or 6b, the plan cannot use F rmation ne 7b from line 7a) ansfers for this Plan Year eceivable from: vers)	an independer and conditions Form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8b 8b 8c	e instructions.) nt qualified public accountant (IQ s.) (a) Beginning of Year 6694 6694 (a) Amount 655 3808	PA) 000. 4 4 5 5 2	(b) Enc	I of Year 10 10 11 11 11 11 Total	
b Par 7 b c 8 a b c d	Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to eff t III Financial Infor Plan Assets and Liabilities Total plan assets	of the annual examination and report of 6? (See instructions on waiver eligibility elther 6a or 6b, the plan cannot use F rmation ne 7b from line 7a) ansfers for this Plan Year eceivable from: //ers)	an independer and conditions Form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	ee instructions.) nt qualified public accountant (IQ s.). (a) Beginning of Year 6694 (a) Amount 655 3808 962	PA) 000. 4 4 5 5 2	(b) Enc	I of Year 10 10 11 11 11 11 Total	
b Par 7 a b c 8 a b c d e	Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to er till Financial Infor Plan Assets and Liabilities Total plan assets	of the annual examination and report of 6? (See instructions on waiver eligibility elther 6a or 6b, the plan cannot use F rmation ne 7b from line 7a)	an independer and conditions Form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8a(3) 8b 8b 8c 8d 8e	ee instructions.) nt qualified public accountant (IQ s.). (a) Beginning of Year 6694 (a) Amount 655 3808 962	PA) 000. 4 4 5 5 2	(b) Enc	I of Year 10 10 11 11 11 11 Total	
b Par 7 a b c 8 a b c d e f	Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to er t III Financial Infor Plan Assets and Liabilities Total plan assets	of the annual examination and report of 6? (See instructions on waiver eligibility elther 6a or 6b, the plan cannot use F rmation ne 7b from line 7a) ansfers for this Plan Year eceivable from: vers)	an independer and conditions form 5500-SF 7a 7b 7b 7c 8a(1) 8a(2) 8a(3) 8b 8b 8c 8d 8e 8f	ee instructions.) nt qualified public accountant (IQ s.). (a) Beginning of Year 6694 (a) Amount 655 3808 962	PA) 000. 4 4 5 5 2	(b) Enc	A Yes [1 of Year 11 11 11 11 Total	
b Par 7 a b c 8 a b c d e f g	Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to eff III Financial Infor Plan Assets and Liabilities Total plan assets	of the annual examination and report of 6? (See instructions on waiver eligibility elther 6a or 6b, the plan cannot use F rmation ne 7b from line 7a) ansfers for this Plan Year eceivable from: vers)	an independer and conditions form 5500-SF 7a 7b 7b 7c 8a(1) 8a(2) 8a(2) 8b 8b 8c 8c 	ee instructions.) nt qualified public accountant (IQ s.). (a) Beginning of Year 6694 (a) Amount 655 3808 962	PA) 000. 4 4 5 5 2	(b) Enc	I of Year 10 10 11 11 11 11 Total	
b Par 7 a b c 8 a b c d e f g h	Are you claiming a waiver of under 29 CFR 2520.104-46 If you answered "No" to effect an effect and the second and the sec	of the annual examination and report of 6? (See instructions on waiver eligibility elther 6a or 6b, the plan cannot use F rmation ne 7b from line 7a) ansfers for this Plan Year eceivable from: (1), 8a(2), 8a(3), and 8b) (1), 8a(2), 8a(3), and 8b) ect rollovers and insurance premiums rrective distributions (see instructions) viders (salaries, fees, commissions)	an independer and conditions Form 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(2) 8a(3) 8b 8d 8d 8d 8d 	ee instructions.) nt qualified public accountant (IQ s.). (a) Beginning of Year 6694 (a) Amount 655 3808 962	PA) 000. 4 4 5 5 2	(b) Enc	▲ Yes [1 of Year 11 11	

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

Form 5500-SF 2010

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Pa	t IV Plan Characteristics							
9a	a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 2G 2J 2K 2T							
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							
Par	t V Compliance Questions							
10	During the plan year: Yes No Amor							
	Was lhere 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)							
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			x				
С	Was the plan covered by a fidelity bond?	10c	х)	100000	
d				x		-da		
e				×				
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	105	Х			100.8-5	
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR							
I	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 10h ^							
Part						-1-01040		
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))								
12								
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	 a 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 letter ruling granting the waiver. 							
lf	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	b Enter the minimum required contribution for this plan year							
C	C Enter the amount contributed by the employer to the plan for this plan year							
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)							
	e Will the minimum funding amount reported on line 12d be met by the funding deadline?							
Par	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?					Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
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):		13	c(2) El	N(s)	13c(3	PN(s)	
							/ 11(0/	
Саг	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ble car	use is	establ	ished.			
Unc SB	ler penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return ef, it is true, correct, and complete.	tum/re	port. ir	ncluding	, if applicab	le, a Sch Iowledge	edule and	

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	Rompiles Shall	15/17/2011	KIMBERLY SCHOLL
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