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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	 Complete all entries in accor 	dance wit	h the instructions to the Form 550	0-SF.	1			
		lentification Information							
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	0	and ending 1	2/31/2	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 retur	n/report		_			
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)				
С	Check box if filing under:	Form 5558	automatio	extension		DFVC program			
	Ī	special extension (enter description	on)						
Pa	rt II Basic Plan Inform	nation—enter all requested inform	,						
	Name of plan	enter an requested milori	ation		1b	Three-digit			
	ASSADOR MARKETING PROF	IT SHARING PLAN				plan number			
						(PN) • 001			
					1c	Effective date of plan			
						01/01/2007			
	Plan sponsor's name and address ASSADOR MARKETING, INC.	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-1621536			
AIVID	ASSADOR MARKETING, INC.				20	Plan sponsor's telephone number			
	- 164TH AVE. N.E., SUITE 200					425-881-5232			
KEDI	MOND, WA 98052				2d	Business code (see instructions)			
	<u> </u>		. "0		O.L.	541910			
3a AMB	Plan administrator's name and ASSADOR MARKETING, INC.	address (if same as Plan sponsor, e 8201 - 164T	enter "Same H AVE. N.E	e") E., SUITE 200	30	Administrator's EIN 91-1621536			
		REDMOND,	WA 98052		3c	Administrator's telephone number			
						425-881-5232			
		an sponsor has changed since the la		port filed for this plan, enter the	4b EIN				
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	or's name		4c	PN			
5a	Total number of participants at	the beginning of the plan year			5a	6			
b	Total number of participants at the beginning of the plan yearTotal number of participants at the end of the plan year					6			
C	• •	ith account balances as of the end o			5b				
C	• • •			•	5с	6			
6a	Were all of the plan's assets d	luring the plan year invested in eligib	ole assets?	(See instructions.)		Yes No			
b	Are you claiming a waiver of th	ne annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)				
	,			ions.)		Yes No			
D-			orm 5500-	SF and must instead use Form 55	00.				
	rt III Financial Informa	ation		I					
7	Plan Assets and Liabilities			(a) Beginning of Year	1	(b) End of Year 23277			
	Total plan assets		. 7a	21011		23211			
b				21611		23277			
<u>C</u>		'b from line 7a)	. 7с						
8	Income, Expenses, and Transf			(a) Amount		(b) Total			
а	Contributions received or recei (1) Employers	vable from:	. 8a(1)						
			1						
	• • • • • • • • • • • • • • • • • • • •)							
b	, ,			1666	3				
C	,	8a(2), 8a(3), and 8b)				1666			
d		rollovers and insurance premiums							
			. 8d						
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e						
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f						
g	Other expenses		. 8g						
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)	. 8h						
i	Net income (loss) (subtract line	e 8h from line 8c)	8i			1666			
j	Transfers to (from) the plan (se	ee instructions)	. 8i						

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Part IV	Plan	Characteristic	٠.
rall IV	- FIAII	CHALACIERISII	

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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

D .	11 (11)	e plan provides wellare benefits, enter the applicable wellare heatt	are codes from the f	_ist of Flatt Chara	Cleris	110 000	JC3 III I	ine manu	cuoris.								
Part	٧	Compliance Questions															
10	During the plan year:						No		Amo	unt							
а	Was there a failure to transmit to the plan any participant contributions within the time period described i 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						X										
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						X										
С	C Was the plan covered by a fidelity bond?						X				_						
d							X										
							Х										
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										
_	If th	is is an individual account plan, was there a blackout period? (See 0.101-3.)	e instructions and 29	9 CFR	10h		X										
i		Oh was answered "Yes," check the box if you either provided the reeptions to providing the notice applied under 29 CFR 2520.101-3			10i												
Part '	VI	Pension Funding Compliance															
11	ls th 550	is a defined benefit plan subject to minimum funding requirements 0))	s? (If "Yes," see inst	ructions and com	plete	Sched	ule SB	(Form	. [Yes	No						
12	ls t	his a defined contribution plan subject to the minimum funding req	uirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?		Yes	X No						
	•	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	,														
		waiver of the minimum funding standard for a prior year is being anting the waiver.															
	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MI					Day		ı ca								
		er the minimum required contribution for this plan year		-		[12b										
		er the amount contributed by the employer to the plan for this plan				1	12c										
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a minu	us sign to the left	of a		12d										
е	Will	the minimum funding amount reported on line 12d be met by the f	funding deadline?					Yes		10	N/A						
Part \	VII	Plan Terminations and Transfers of Assets															
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					X	Yes	No						
	If "Y	es," enter the amount of any plan assets that reverted to the empl	lover this vear			Г	13a				0						
	We	re all the plan assets distributed to participants or beneficiaries, tra					ntrol			Yes	X No						
13	13c(1) Name of plan(s):						13c(2) EIN(s)			13c(3)	PN(s)						
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonab	le cau	se is	establ	ished.	1								
Under SB or	pei Sch	nalties of perjury and other penalties set forth in the instructions, I cedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	declare that I have e	examined this retu	ırn/rep	ort, in	cludin	g, if applic									
SIGN	Filed with authorized/valid electronic signature. 07/22/2011 JAMES R. RIBAIL				L												
HERE	_	Signature of plan administrator Date Enter name of inc				ıal sin	ning as	s plan adr	dividual signing as plan administrator								

Date

Date

Enter name of individual signing as plan administrator

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 For calendar plan year 2010 or fiscal plan year beginning	- W	and andlan						
X signic complayer alon		and ending						
7 mortuum/opuntatus.		loyer plan (not multiemployer)		one-participant plan				
	inal return/re	ATTORNEY CO.						
H H		ar return/report (less than 12 mon	lhs)					
C Check box if filing under: Form 5558		DFVC program						
special extension (enter description				- 22				
Part II Basic Plan Information—enter all requested informat	ion							
1a Name of plan	1b	Three-digit plan number						
AMBASSADOR MARKETING PROFIT SHARING PLAN				(PN) > 001				
			1c	Effective date of plan 01/01/2007				
2a Plan sponsor's name and address (employer, if for single-employer p AMBASSADOR MARKETING, INC.	ilan)		2b	Employer Identification Number (EIN) 91-1621536				
8201 - 164TH AVE. N E , SUITE 200			2c Plan sponsor's telephone numb 425-881-5232					
REDMOND WA 98052			2d Business code (see instructions) 541910					
3a Plan administrator's name and address (if same as Plan sponsor, en SAME	ler "Same")			Administrator's EIN 91-1621536				
			3с	Administrator's telephone number 425-881-5232				
4 If the name and/or EIN of the plan sponsor has changed since the last	l relum/repo	rt filed for this plan, enter the	4b	EIN				
name, EIN, and the plan number from the last return/report. Sponsor			4c	PN				
5a Total number of participants at the beginning of the plan year		3	5a	6				
b Total number of participants at the end of the plan year			5b	6				
C Total number of participants with account balances as of the end of complete this item)	5c	6						
6a Were all of the plan's assets during the plan year invested in eligible	e assels? (S	ee instructions.)		Yes No				
b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-48? (See instructions on waiver eligibility a	ind condition	l\$.)		Yes No				
If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 6500-SI	and must instead use Form 65	00.					
Part III Financial Information			-					
7 Plan Assets and Liabilities		(a) Beginning of Year 21611	+	(b) End of Year 23277				
a Total plan assets	7a	2.01	+	11303				
b Total plan (iabilities	7b	2161	+	23277				
C Net plan assets (subtract line 7b from line 7a)	7c	M = 000	+-					
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amount	+	(b) Total				
a Contributions received or receivable from: (1) Employers	8a(1)							
(2) Parlicipants	8a(2)							
(3) Others (including rollovers)	8a(3)							
b Other Income (loss)	86	1660	3					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8¢			1866				
d Benefits paid (Including direct rollovers and insurance premiums to provide benefits)	8d							
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	. 8f							
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							
i Net income (loss) (subtract line 8h from line 8c)	. 8i			1666				
j Transfers to (from) the plan (see instructions)		100000000000000000000000000000000000000						
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instruction	ons for Form	500-SF.		Form 5600-SF (2010)				

		Form 5500-SF 2010 Page 2- 1								
Pai	t IV	Plan Characteristics								
a	If th	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	cteris	tic Co	des in t	he Insti	ructions	:		
þ	 2E 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										
0		ining the plan year:		Yes	No		Amo	ount		
а	W	as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х					
b	W Off	ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		x					
C	V	as the plan covered by a fidelity bond?	10c		Х					
d	l Di or	d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		х					
€	in	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	100		×					
f	Н	as the plan falled to provide any benefit when due under the plan?	10f		X					
ç	j Di	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X		14			
ł	2	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h		х					
j	lf ex	10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	101				***********			
ar	t VI	Pension Funding Compliance	···							
11	Is	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 500))	nplele	Sche	dule SB	(Form	Г	Yes	No	
0700-0	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
í	gi f voi	anting the waiver			,					
- 2	b E	nter the minimum required contribution for this plan year		[12b					
		nter the amount contributed by the employer to the plan for this plan year			12c					
	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the I negative amount)									
ı	e v	fill the minimum funding amount reported on line 12d be met by the funding deadline?			*****	Ye	5	No	N/A	
Pa	rt V	Plan Terminations and Transfers of Assets								
13	a H	as a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	No	
	11	"Yes," enter the amount of any plan assets that reverted to the employer this year	••••		13a				0	
ı	c	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough f the PBGC?	••••••	******				Yes	X No	
1	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)		
Ca	utio	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasons	ble ca	use i	s estab	ilshed				
SE	Under penallies 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.									
-53		7-21-11 JAMES R. RI	BAIL							

Date

Dale

2-21-11

Enter name of Individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

SIGN HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor