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	h the instructions to the Form 550	0-SF.	- P			
Pa	art I Annual Report Ide	entification Information							
For	calendar plan year 2010 or fiscal	plan year beginning 01/01/201	0	and ending 1	2/31/2	2010			
A	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	n/report						
		an amended return/report	short plan	year return/report (less than 12 mor	nths)				
С	Check box if filing under:	Form 5558	automatic	extension	DFVC program				
	$\bar{\sqcap}$	special extension (enter description	on)			_			
Pa	art II Basic Plan Informa	ation—enter all requested inform	nation						
	Name of plan				1b	Three-digit			
	M. YEDOR, INC. 401(K) PROFIT	SHARING PLAN				plan number 001			
						(PN) ▶			
					1c	Effective date of plan 01/01/1996			
22	Plan enoncor's name and address	s (employer, if for single-employer	r plan)		2h	Employer Identification Number			
	M. YEDOR, INC.	ss (employer, il for single-employer	piari)		20	(EIN) 91-1782310			
					2c	Plan sponsor's telephone number			
	DLIVE WAY, SUITE 209 ITLE, WA 98101				0.1	206-467-9354			
	,				2d	Business code (see instructions) 531110			
3a	Plan administrator's name and address (if same as Plan sponsor, e			<u>;")</u>	3b	Administrator's EIN			
WM.	M. YEDOR, INC.	414 OLIVÉ V SEATTLE, V	NAY, SUIT	E ² 09		91-1782310			
		SLATTLE, V	VA 90101		3с	Administrator's telephone number			
<u> </u>	f the name and/or FIN of the plan	anangar has abangad since the la	ot roturn/ro	port filed for this plan, enter the	206-467-9354				
		from the last return/report. Sponso				4b EIN			
					4c	PN			
5a	Total number of participants at the	ne beginning of the plan year		5a	4				
b	Total number of participants at the	ne end of the plan year			5b	4			
С	• •	account balances as of the end o		` .	-	4			
	,				5c				
	•	. , ,		(See instructions.)		Yes No			
D				ndent qualified public accountant (IQI ions.)		X Yes ∏ No			
	· ·	• •		SF and must instead use Form 550					
Pa	rt III Financial Informat	ion							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		. 7a	200622	2	272209			
b	Total plan liabilities		. 7b	C)	0			
С	Net plan assets (subtract line 7b	from line 7a)	. 7с	200622	2	272209			
8	Income, Expenses, and Transfer	rs for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or received	able from:		4828					
	• • • •				_				
	.,		` '	21300	<u>'</u>				
	,			45.450	_				
b	,			45459	,	74.507			
С	, , ,	a(2), 8a(3), and 8b)	. 8с			71587			
d	Benefits paid (including direct roll to provide benefits)	llovers and insurance premiums	8d						
е		e distributions (see instructions)							
f		(salaries, fees, commissions)							
g									
h	·	e, 8f, and 8g)				0			
i		Bh from line 8c)				71587			
j		instructions)							

	Form 5500-SF 2010 Page 2-							
Par	t IV Plan Characteristics							
а	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charace 2E 2F 2G 2J 2K 2T 3D							
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	cterist	ic Co	des in t	the instruction	is:		
art	V Compliance Questions							
0	During the plan year:		Yes	No	Ar	nount		
		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				250	000
d	, , , , , , , , , , , , , , , , , , , ,	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	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 comp 5500))					Yes	X	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of					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 instruct granting the waiver							
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		г					
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			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o	of a		124	1			

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? If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

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)

12d

Yes

N/A

Yes X No

No

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.	10/05/2011	WILLIAM M. YEDOR				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	10/05/2011	WILLIAM M. YEDOR				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

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OMB Nos. 1210-0110 1210-0089

2010

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	► Complete all entries in accord	dance wit	h the instructions to the Form 550	<u>00-SF</u>				
_	artil Annual Report Identification Information				- 1 1 1			
For	the calendar plan year 2010 or fiscal plan year beginning		L/2010 and ending		2/31/2010			
A	This return/report is for: x single-employer plan	multiple-er	nployer plan (not multiemployer)		one-participa	nt plan		
В	This return/report is for:	final return	/report					
	an amended return/report	short plan	year return/report (less than 12 month	ns)				
С	Check box if filing under: 🗖 Form 5558	automatic	extension		DFVC progra	m		
	special extension (enter description)						
D	art II Basic Plan Information enter all requested inform	·				The state of the s		
	Name of plan	TIBUUTI.		1b	Three-digit			
					plan number			
	Wm. M. Yedor, Inc. 401(k) Profit Sharing Plan			10	(PN) ▶ Effective date of	001		
				16	01/01/1996	i piati		
2a	Plan sponsor's name and address (employer, if for single-employer pla	an)	The second secon	2b	Employer Identif	fication Number		
	Wm. M. Yedor, Inc.				(EIN) 91-17	The state of the s		
	414 Olive Way, Suite 209			2c		elephone number		
	ere orrea may, boxed roo			(206) 467-9354 2d Business code (see instructions)				
	Seattle WA 98101				531110	· · · · · · · · · · · · · · · · · · ·		
3a	Plan administrator's name and address (If same as plan employer, ent Same	ier "Same")		3b	Administrator's I	EIN		
	n critical							
				3c	Administrator's I	lelephone number		
4	If the name and/or EIN of the plan sponsor has changed since the last		ort filed for this plan, enter the	4b	EIN			
	name, EIN and the plan number from the last return/report. Sponsor's	Name		4c	PN			
<u>5a</u>	Total number of participants at the beginning of the plan year			5a	1	4		
b	Total number of participants at the end of the plan year			5b		4		
c	Total number of participants with account balances as of the end of the	a plan year	(defined benefit plans do not					
	complete this item)			5c		4		
	Were all of the plan's assets during the plan year invested in eligible at		•			X Yes No		
b	Are you claiming a waiver of the annual examination and report of an I under 29 CFR 2520.104-467 (See instructions on waiver eligibility and					X Yes No		
	If you answered "No" to either 6s or 6b, the plan cannot use Form		-			البياء وه التشا		
Pa	irt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets , ,	. 7a	200,622	1	90 DYG	272,209		
b	Total plan liabilities	7b	0	_		0		
С	Net plan assets (subtract line 7b from line 7a)	7c	200,622	\top		272,209		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	1	/67.	Total		
а	Contributions received or receivable from:			+		H. Wedanakan		
	(1) Employers	8a(1)	4,828	_	-			
	(2) Participants	8a(2)	21,300	_	•	马维斯特 別		
	(3) Others (including rollovers)	8a(3)		4	* ** .	1995年		
b	Other income (loss)	8b	45,459			(1994) 1996 (1994)		
Ç	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				71,587		
đ	Benefits paid (including direct rollovers and insurance premiums	Name of the last o						
_	to provide benefits)	- 8d		-	. :			
6	Certain deemed and/or corrective distributions (see instructions)	80		-	*			
۲ ~	Administrative service providers (salaries, fees, commissions)	81	AND THE RESIDENCE OF THE PARTY	-		•		
g	Other expenses	8g		-				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0		
	Net income (loss) (subtract line 8h from line 8c)	81				71,587		
]	Transfers to (from) the plan (see Instructions)	8)			. 4	生物图4.5%。		

***************************************	Form 5500-SF 2010	ļ.	age 2-							
Part	V Plan Characteristics			***************************************			**************************************	<u> </u>		
9a 161	he plan provides pension benefits, enter the applicable pension featu 2E 2F 2G 2J 2K 2T 3D he plan provides welfare benefits, enter the applicable welfare feature							• • • • • • • • • • • • • • • • • • • •	ним я шинскургостур 9 г. г _о г	
Part	Compliance Questions	allengen og store			ymoneum.	بالناء فيعادي	og · · · · · · · · · · · · · · · · · · ·			
10	During the plan year:				Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducian			10a	endramento.	x				
	recent there any nonexempt transactions with any party-in-interest? (D			132		1		***************************************		
1	on fine 10a.)			10b		×			······································	
C	Was the plan covered by a fidelity bond?			10c	х				250,000	
	Did the plan have a loss, whether or not reimbursed by the plan's fide	•	used by fraud			х				
	or dishonesty?	10d		<u> </u>	ļ		(
	Were any fees or commissions paid to any brokers, agents, or other pe									
	nsurance services or other organization that provides some or all of to estructions.)			10e		X				
f	las the plan failed to provide any benefit when due under the plan?			101		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		x				
	f this is an individual account plan, was there a blackout period? (See				-4000000	x		ajaa si ka Esii lees		
	2520.101-3.)			10h		 ^		100		
	f 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520,101-3			101						
in	Pension Funding Compliance				ing of the state of	A Port				
	s this a defined benefit plan subject to minimum funding requirements		ctions and comple	te Sch	odule	S8 (F	orm	, 🔲 Yes	X No	
12	s this a defined contribution plan subject to the minimum funding requ	virements of section 4	12 of the Code or	section	1 302	of ERI	SA? .	. Yes	X No	
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	9.)								
	a waiver of the minimum funding standard for a prior year is being a	•								
-	ranting the waiver			nn	-	Dey		Year		
	Enter the minimum required contribution for this plan year				. T	12b			· · · · · · · · · · · · · · · · · · ·	
	inter the amount contributed by the employer to the plan for this plan				.	12c		**************************************		
d s	Subtract the amount in line 12c from the amount in line 12b. Enter the regative amount)	result (enter a minus				12d		- 5 (T 1976) Michigan (1976)		
	Vilt the minimum funding amount reported on line 12d be met by the f			• •			Yes	ΠNO	ΠNA	
Part V		one of the second secon				P. To David Control of the Control o		THE RESERVE OF THE PARTY OF THE	- Carrier Control Cont	
13a ı	las a resolution to terminate the plan been adopted during the plan ye	ear or env prior year'i						Yes	X No	
1	"Yes," enter the amount of any plan assets that reverted to the empl	oyer this year			Г	13a				
b v	Vere all the plan assets distributed to participants or beneficiaries, tra	The second secon	an, or brought und	er the	contr	ol	Armento de de la comunicación de			
	f the PBGC? during this plan year, any assets or liabilities were transferred from t		ante's identify the r	 don/e\	in i			· [_]Yes	X No	
	hich assets or liabilities were transferred. (See instructions.)	mo plant to another pe	and the control	nes ((a)	***					
130	(1) Name of plan(s):				13c(2) EIN(s)			13c(3	PN(s)	
				-						
difference prompters				<u> </u>	***************************************					

Caution	A penalty for the late or incomplete filing of this return/report w	dii ha seeseend unio	see researchie re		cota	hilaha			······································	
	enalties of perjury and other penalties set forth in the instructions, I de	the same of the sa		***************************************	-			a Schadula		
\$8 or \$0	thedule MB completed and signed by an enrolled actuary, as well as its true, correct, and complete.	the electronic version	of this return/repo	nt, and	to the	best o	of my know	rledge and		
SIGN	1014111 10:11					iam m redor				
HERE	Signature of plan administrator	Date	Enter name of ind	Mark Company			***************************************			
SIGN		***************************************			-3-1	and and a second			TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUM	
HERE	Signature of employerinian enoneor	Nata	Enter name of ind	مراضين	leinni	na se	amplouers	r sign coon		

. . .