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).

2040

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Be	enefit Guaranty Corporation	▶ Complete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.	mopeonon			
Pa	Part I Annual Report Identification Information									
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010										
Α -	This ret	urn/report is for:	xingle-employer plan	multiple-e	le-employer plan (not multiemployer)					
	This return/report is for: first return/report final return/report									
_	11113 101	um/report is ior.	an amended return/report	1	n year return/report (less than 12 mo	nthe)				
_				- -		111113)				
C	Check t	oox if filing under:	^ Form 5558	4	extension		DFVC program			
			special extension (enter descript	on)						
Pa	rt II	Basic Plan Info	rmation—enter all requested inform	nation						
	Name	•				1b	Three-digit			
COO	KIE JAI	R FUND					plan number 001			
						4 -	(PN) •			
						10	Effective date of plan 01/01/2007			
20	DI		des es de seu les con d'Armede est est est est est est est est est es			26				
		ponsor's name and ad IBLIC RELATIONS, LL	dress (employer, if for single-employe	r pian)		20	Employer Identification Number (EIN) 77-0696782			
****	,01110	DEIO REE CHOICE, EE				2c	Plan sponsor's telephone number			
		NTH AVE., SUITE 140	3				206-838-8977			
SEA	IILE, V	VA 98101				2d	Business code (see instructions)			
							541800			
3a	Plan a	dministrator's name ar IBLIC RELATIONS, LL	d address (if same as Plan sponsor,	enter "Same	e") SUITE 1403	3b	Administrator's EIN 77-0696782			
VVILC	ONTO	DEIO RELATIONO, EL	SEATTLE, V	VA 98101	30112 1403	20				
						3c Administrator's telephone nur 206-838-8977				
4 1	f the na	me and/or EIN of the	plan sponsor has changed since the la	ast return/re	eport filed for this plan, enter the	4h	EIN			
			per from the last return/report. Spons		,					
						4c	PN			
5a	Total r	number of participants	at the beginning of the plan year			5a	10			
b	Total r	number of participants	at the end of the plan year			5b	10			
С	Total r	number of participants	with account balances as of the end	of the plan y	vear (defined benefit plans do not		0			
	compl	ete this item)				5c	9			
6a	Were	all of the plan's assets	during the plan year invested in eligi	ole assets?	(See instructions.)		Yes No			
b			the annual examination and report of				X Yes ☐ No			
			Of the contraction of the contraction of the contract of th		•		I res I No			
Pa	rt III	Financial Inform	<u> </u>	-01111 3300-	SF and must instead use Form 55	00.				
		l .	nation				4) = 1 ()			
7		Assets and Liabilities		_	(a) Beginning of Year	3	(b) End of Year 61475			
-				<u>7a</u>	00.100	_	51.115			
b					93456	2	61475			
<u> </u>	Net pla	an assets (subtract line	e 7b from line 7a)	7с	93456)	61475			
8			sfers for this Plan Year		(a) Amount		(b) Total			
а		butions received or rec		00/4)						
					3400	-				
	` '	•			3400	_				
	. ,	,	rs)	` '	40.4	_				
b	Other	income (loss)		8b	4349	9				
С), 8a(2), 8a(3), and 8b)	8c			7749			
d			ct rollovers and insurance premiums	0.4	39730					
Δ		*	ective distributions (see instructions)	8d		\dashv				
e f			,							
t		•	lers (salaries, fees, commissions)			-				
g		·					39730			
h			I, 8e, 8f, and 8g)				-31981			
į		` , `	ne 8h from line 8c)				-31981			
j	Transf	fers to (from) the plan	(see instructions)	8j						

Form 5500-SF 2010 Page 2-		_		
rt IV Plan Characteristics				
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character 2E 2G 2J 2K 2T 3D	acteris	tic Co	des in the	instructions:
If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara-	cterist	tic Cod	des in the i	nstructions:
t V Compliance Questions				
During the plan year:		Yes	No	Amount
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		Х	
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
Was the plan covered by a fidelity bond?	10c		X	
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	
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			X	

instructions.) Has the plan failed to provide any benefit when due under the plan? 10f Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Χ 10h 2520.101-3.) 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 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. (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 instructions, and enter the date of the letter ruling Dav If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year..... 12c C Enter the amount contributed by the employer to the plan for this plan year..... Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d Yes No N/A e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... **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? Yes 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 Yes X No of the PBGC?..... 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)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Linder 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.

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.	10/12/2011	TAMARA WILSON
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

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

OMB Nos. 1210-0110 1210-0089

2010

En	Employee Benefits Security Administration Internal Revenue Code (the Code). This Form is Open to Published Inspection									
۶۹	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I Annual Report Identification Information										
For calendar plan year 2010 or fiscal plan year beginning and ending										
Αı	This return/report is for:	nployer plan (not multiemployer)	[one-participa	nt plan					
В	This return/report is for:	/report								
	·									
C /	Check box if filling under:	Form 5558	automatic	extension	Í	DFVC progra	ım			
•		L								
Da	special extension (enter description) Part II Pagio Plan Information, enter ell required information									
	Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit									
	KIE JAR FUND		plan number							
400	THE OF ALL STOP					(PN) 🕨	001			
					1c	Effective date o	•			
					26	01/01/2				
	Plan sponsor's name and addre ION PUBLIC RELATIONS, LLC	ess (employer, if for single-employer	plan)			Employer identi (EIN) 77-069	fication Number 6782			
V 3 P.L. W	OAT BELO REENTONO. EEO				_	I	elephone number			
1809	SEVENTH AVE SUITE 1403				206-838-8977					
SEAT	TTLE WA 98101				2d	Business code (541800	see instructions)			
20	71	adding the same of blee seconds	alas "Cama	#\	3h	Administrator's				
SAM		address (if same as Plan sponsor, e	mer Same	' /	35	77-069				
					3с	Administrator's	telephone number			
						206-83	8-8977 			
		an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN				
ľ	iame, cirv, and the plan numbe	r from the last return/report. Sponso	n s name		4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a	T	10			
	• •	the end of the plan year			5b		10			
		ith account balances as of the end o			35					
	•	THE DESCRIPTION OF THE OWN OF THE OWN OF		•	5c		9			
6a	Were all of the plan's assets d	furing the plan year invested in eligib	de assets?	(See instructions.)	********	**************************************	X Yes No			
b		ne annual examination and report of								
	•	See instructions on waiver eligibility		•			X Yes No			
Pa	rt III Financial Informa	er 6a or 6b, the plan cannot use F	urm 3300*	or and must mateae use roim oo						
7	Plan Assets and Liabilities			(a) Beginning of Year	T	(h) End	of Year			
•		·^ \$ \$.^^\$\$, ? \$\$, ? \$\$.	. 7a	93456	;	(0) =:::0	61475			
	•	***************************************								
		7b from line 7a)		93456			61475			
8	Income, Expenses, and Transl	· · · · · · · · · · · · · · · · · · ·	1	(a) Amount	\top	(b) Total				
-	Contributions received or recei			(ब) म्हाप्याप	+-	10)	(V14)			
		***************************************	. 8a(1)							
	(2) Participants		, 8a(2)	3400						
	(3) Others (including rollovers)	. Ba(3)			•				
	Other Income (loss)	- 	. 8b		}					
C	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c				7749			
d	Benefits paid (including direct	rollovers and insurance premiums		39730						
to provide benefits)				39730	_		•			
6		tive distributions (see instructions)								
f	•	rs (salaries, fees, commissions)	}		_					
g		***************************************	7		_		OPWE-			
h	*	8e, 8f, and 8g)			-		39730			
j	· · · ·	a 8h from line 8c)					-31981			
)	Transfers to (from) the plan (se	ee instructions)	- 81		- 1					

	1	Form 5500-SF 2010	Pa	ge 2- [1		_			
Par	t IV	Plan Characteristics		·····					
9a	If the	plan provides pension benefits, enter the applicable pension feati	ure codes from the	List of Plan Chara	cteris	tic Co	des in	the Instructi	ons:
2E 2G 2J 2K 2T 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							
10		ing the plan year:	······································			Yes	No	,	Amount
а	Wa	s there a failure to transmit to the plan any participant contributions					Х		•
b	We	CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiduciar re there any nonexempt transactions with any party-in-interest? (D	o not include transa	ictions reported	10a		x		
		ine 10a.)s the plan covered by a fidelity bond?		10b 10c		х			
c d	Did	the plan have a loss, whether or not reimbursed by the plan's fide	lity bond, that was o	aused by fraud			x		
Δ.		ishonesty?re any fees or commissions paid to any brokers, agents, or other p			10d				
·	inst	rance service or other organization that provides some or all of the ructions.)	e benefits under the	plan? (See	10e		×		
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		х		
h		is is an individual account plan, was there a blackout period? (See			10h		х		
i	If 16	Oh was answered "Yes," check the box if you either provided the re eptions to providing the notice applied under 29 CFR 2520,101-3	aquired notice or on	e of the	101				
Part	VI	Pension Funding Compliance						·	
11	ls th	is a defined benefit plan subject to minimum funding requirements			•			•	☐ Yes ☐ No
12		nis a defined contribution plan subject to the minimum funding requ							Yes X No
4		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being a	•		-H				
a		waiver or the minimum billioning stationard for a prior year is being an							
lf :	•	completed line 12a, complete lines 3, 9, and 10 of Schedule Mi	,	•		_		1	·····
b		er the minimum required contribution for this plan year					12b	<u> </u>	
¢ d		er the amount contributed by the employer to the plan for this plan tract the amount in line 12c from the amount in line 12b. Enter the				···· -	12c		
	กะดู	ative amount)	*		******	_	12d		T [-1]
		the minimum funding amount reported on line 12d be met by the f	unding deadline?	*********************	*******	*******	*****	Yes	No N/A
Part		Plan Terminations and Transfers of Assets						······	.
13a		a resolution to terminate the plan been adopted during the plan ye	* - *			F		T	Yes X No
<u> </u>		es," enter the amount of any plan assets that reverted to the empl e all the plan assets distributed to participants or beneficiaries, tra					13a	<u> </u>	
c	of th	the PBGC?	************************		*******	********	*****		Yes X No
	whi	ch assets or liabilities were transferred. (See instructions.)	man prante Enouron	brandalt manage t	T	-		D17-1	1 40 (0) 50 (
	13c(1) Name of plan(s):						13c(2) EIN(s) 13c(3) PI		
					<u> </u>				

Caut	ion:	A penalty for the late or incomplete filing of this return/report	will be assessed to	inless reasonah	in car	ica le	establ		L
Unde SB o	r per r Sch	nalties of perjury and other penalties set forth in the Instructions, I d edule MB completed தார் ச ுமாவில் an enrolled actuary, as well a	declare that I have	examined this rel	urn/re	port, i	rcludin	g, if applicab	ie, a Schedule rowledge and
Delle	3118	True, correct, and complish.	11/11/11	TAMARA WILS	ioni.		*******		
SIG	37	age vee	24/11/15						
		Signature of plan administrator	Date	Enter name of i	ndivid	ual sig	ning a	s plan admin	strator
SIG! HER	e !	Signature of employer/plan sponsor	Date	Enter name of i	ndivid	ual sic	nina as	s amployer o	r nian ennnenr