

Form 5500-SF <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2010</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	<input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan
B This return/report is for:	<input type="checkbox"/> first return/report <input type="checkbox"/> final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> short plan year return/report (less than 12 months)
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan KENNETH H. COLEMAN 401K PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2004</td> </tr> </table>	1b Three-digit plan number (PN) ►	002	1c Effective date of plan 01/01/2004			
1b Three-digit plan number (PN) ►	002						
1c Effective date of plan 01/01/2004							
2a Plan sponsor's name and address (employer, if for single-employer plan) LAW OFFICES OF KENNETH H COLEMAN PS 421 W RIVERSIDE AVE., STE. 654 SPOKANE, WA 99201-0411	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN)</td> <td style="text-align: center;">91-2009991</td> </tr> <tr> <td>2c Plan sponsor's telephone number</td> <td style="text-align: center;">509-838-2425</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;">541110</td> </tr> </table>	2b Employer Identification Number (EIN)	91-2009991	2c Plan sponsor's telephone number	509-838-2425	2d Business code (see instructions)	541110
2b Employer Identification Number (EIN)	91-2009991						
2c Plan sponsor's telephone number	509-838-2425						
2d Business code (see instructions)	541110						
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") LAW OFFICES OF KENNETH H COLEMAN PS <div style="float: right; text-align: right;"> 421 W RIVERSIDE AVE., STE. 654 SPOKANE, WA 99201-0411 </div>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>3b Administrator's EIN</td> <td style="text-align: center;">91-2009991</td> </tr> <tr> <td>3c Administrator's telephone number</td> <td style="text-align: center;">509-838-2425</td> </tr> </table>	3b Administrator's EIN	91-2009991	3c Administrator's telephone number	509-838-2425		
3b Administrator's EIN	91-2009991						
3c Administrator's telephone number	509-838-2425						
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>4b EIN</td> <td></td> </tr> <tr> <td>4c PN</td> <td></td> </tr> </table>	4b EIN		4c PN			
4b EIN							
4c PN							
5a Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">5a</td> <td style="width:40%; text-align: center;">2</td> </tr> <tr> <td>5b</td> <td style="text-align: center;">2</td> </tr> <tr> <td>5c</td> <td style="text-align: center;">2</td> </tr> </table>	5a	2	5b	2	5c	2
5a	2						
5b	2						
5c	2						
b Total number of participants at the end of the plan year.....							
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....							
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
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.).....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
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 Total plan assets b Total plan liabilities..... c Net plan assets (subtract line 7b from line 7a).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>(a) Beginning of Year</th> <th>(b) End of Year</th> </tr> <tr> <td>7a</td> <td>188615</td> <td>235070</td> </tr> <tr> <td>7b</td> <td></td> <td></td> </tr> <tr> <td>7c</td> <td>188615</td> <td>235070</td> </tr> </table>		(a) Beginning of Year	(b) End of Year	7a	188615	235070	7b			7c	188615	235070																							
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7c	188615	235070																																		
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)..... b Other income (loss)..... c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... e Certain deemed and/or corrective distributions (see instructions) f Administrative service providers (salaries, fees, commissions) g Other expenses..... h Total expenses (add lines 8d, 8e, 8f, and 8g)..... i Net income (loss) (subtract line 8h from line 8c)..... j Transfers to (from) the plan (see instructions)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>(a) Amount</th> <th>(b) Total</th> </tr> <tr> <td>8a(1)</td> <td></td> <td rowspan="3"></td> </tr> <tr> <td>8a(2)</td> <td></td> </tr> <tr> <td>8a(3)</td> <td></td> </tr> <tr> <td>8b</td> <td>46467</td> <td></td> </tr> <tr> <td>8c</td> <td></td> <td>46467</td> </tr> <tr> <td>8d</td> <td></td> <td rowspan="3"></td> </tr> <tr> <td>8e</td> <td></td> </tr> <tr> <td>8f</td> <td>12</td> </tr> <tr> <td>8g</td> <td></td> <td></td> </tr> <tr> <td>8h</td> <td></td> <td>12</td> </tr> <tr> <td>8i</td> <td></td> <td>46455</td> </tr> <tr> <td>8j</td> <td></td> <td></td> </tr> </table>		(a) Amount	(b) Total	8a(1)			8a(2)		8a(3)		8b	46467		8c		46467	8d			8e		8f	12	8g			8h		12	8i		46455	8j		
	(a) Amount	(b) Total																																		
8a(1)																																				
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Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2J 2K 2R 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**

	Yes	No	Amount
10 During the plan year:			
a 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)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		50000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e 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 Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☐ Yes ☐ No

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 ☒ No
(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. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

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 of a negative amount)	12d	

e 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 Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** _____

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

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)

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 HERE	Filed with authorized/valid electronic signature.	10/17/2011	KENNETH H. COLEMAN
	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 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 4055 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. 1510-0110 1510-0089 2010 This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar year plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010
 1. This return/report is for: ☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
 2. This return/report is for: ☐ first return/report ☐ final return/report
☐ an amended return/report ☐ short plan year return/report (less than 12 months)
 3. Check box if filing under: ☒ Form 5500 ☐ automatic extension ☐ D-VC program
☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information
 1a. Name of plan: KENNETH H. COLEMAN 401K PLAN
 1b. Three-digit plan number (PN): 002
 1c. Effective date of plan: 01/01/2004
 2a. Plan sponsor's name and address (employer, if for single-employer plan):
LAW OFFICES OF KENNETH H COLEMAN PS
421 W RIVERSIDE AVE., STE. 654
SPOKANE WA 99201-0411
 2b. Employer identification number (EIN): 91-2009991
 2c. Plan sponsor's telephone number: 509-338-2425
 2d. Business code (see instructions): 541110
 3a. Plan administrator's name and address (if same as Plan sponsor, enter "Same"):
LAW OFFICES OF KENNETH H COLEMAN PS
421 W RIVERSIDE AVE., STE. 654
SPOKANE WA 99201-0411
 3b. Administrator's EIN: 91-2009991
 3c. Administrator's telephone number: 509-338-2425
 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name:
 4a. EIN: 91-2009991
 4b. PN: 002
 5a. Total number of participants at the beginning of the plan year: 2
 5b. Total number of participants at the end of the plan year: 2
 5c. Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item): 2
 6a. Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
 6b. Were you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
 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

Plan Assets and Liabilities	(a) Beginning of Year	(b) End of Year
1a. Total plan assets:	7a <u>188615</u>	<u>235170</u>
1b. Total plan liabilities:	7b	
1c. Net plan assets (subtract line 7b from line 7a):	7c <u>188615</u>	<u>235170</u>
2. Income, Expenses, and Transfers for this Plan Year	(a) Amount	(b) Total
2a. Contributions received or receivable from:		
(1) Employers:	8a(1)	
(2) Participants:	8a(2)	
(3) Others (including rollovers):	8a(3)	
2b. Other income (loss):	8b <u>46467</u>	
2c. Total income (add lines 8a(1), 8a(2), 8a(3), and 8b):	8c	<u>6467</u>
2d. Benefits paid (including direct rollovers and insurance premiums to provide benefits):	8d	
2e. Certain deemed and/or corrective distributions (see instructions):	8e	
2f. Administrative service providers (salaries, fees, commissions):	8f <u>12</u>	
2g. Other expenses:	8g	
2h. Total expenses (add lines 8d, 8e, 8f, and 8g):	8h	<u>12</u>
2i. Net income (loss) (subtract line 8h from line 8c):	8i	<u>6455</u>
2j. Transfers to (from) the plan (see instructions):	8j	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.
 Form 5500-SF (2-310)
v. 06/2008

Form 5500-SF 2010

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Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
23 2J 2K 2R 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	During the plan year:	Yes	No	Amount
10a	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)		X	
10b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
10c	Was the plan covered by a fidelity bond?	X		50000
10d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
10e	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	
10f	Has the plan failed to provide any benefit when due under the plan?		X	
10g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
10h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2510.3-101-3.)		X	
10i	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 5500)) ☐ Yes ☒ No

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 ☒ No
(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 granting the waiver. Months Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

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 of a negative amount). 12d

e 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 Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year. 13a

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

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) PIN(s)

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 B 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.

SIGNATURE	<i>Kenneth H. Coleman</i>	Date	Oct 17, 2011	NAME	KENNETH H. COLEMAN
Signature of plan administrator		Date		Enter name of individual signing as plan administrator	
SIGNATURE		Date		NAME	
Signature of employer/plan sponsor		Date		Enter name of individual signing as employer or plan sponsor	