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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Complete all entries in accord	dance witl	the instructions to the Form 5500	SF.			
	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 12	/31/20	011		
A	This return/report is for:		-employer plan (not multiemployer)		a one-particip	ant plan	
В .	This return/report is: the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 mo	nths)	_		
C	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m	
	special extension (enter descriptio	n)					
Pa	Irt II Basic Plan Information—enter all requested information	ation					
	Name of plan			1b	Three-digit		
WM.	M. YEDOR, INC. 401(K) PROFIT SHARING PLAN				plan number		
					(PN) •	001	
				1C	Effective date of 01/01/		
22	Plan sponsor's name and address; include room or suite number (er	mployor if	for a single employer plan)	2h			
	M. YEDOR, INC.	inployer, ii	ioi a single-employer plan)		Employer Identif (EIN) 91-17		er E
			<u> </u>		Sponsor's telep	hone number	
1000	7TH AVENUE, SUITE 1002				206-467		
	TLE, WA 98101			2d	Business code (see instruction	s)
					53111		•
	Plan administrator's name and address (if same as plan sponsor, er			3b /	Administrator's I		
WM. I	M. YEDOR, INC. 1809 7TH AV SEATTLE, W.	- ,	JITE 1002	0-		82310	
				3C /	Administrator's t 206-467		ber
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b			
	name, EIN, and the plan number from the last return/report.						
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			
b	Total number of participants at the end of the plan year			···· 5b			
С	Number of participants with account balances as of the end of the p complete this item)	• (•	5c			
62	Were all of the plan's assets during the plan year invested in eligible		•		1	X Yes	No
b	Are you claiming a waiver of the annual examination and report of a		,				. 10
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	0.			
Pa	rt III Financial Information	1	I	1			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End		
а	Total plan assets	. 7a	272209			281329	
b	Total plan liabilities	7b	0			0	
С	Net plan assets (subtract line 7b from line 7a)	7c	272209			281329	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:	0=(4)	4230				
	(1) Employers	8a(1)	26500				
	(2) Participants	8a(2)	20000	_			
L	(3) Others (including rollovers)	8a(3)	-21530	_			
b	Other income (loss)	8b	-21330			9200	
۲ C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				9200	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f					
g	Other expenses	8g	80				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				80	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				9120	
j	Transfers to (from) the plan (see instructions)	8j					
			<u>L</u>				

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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

2E 2F 2G 2J 2K 2T 3D

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

. 1	.,	Oursellance Oursellance							
art		Compliance Questions		V		1			
0		ng the plan year:		Yes	No	+	Am	ount	
а	29 (there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Χ				
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c	X				2	250000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		h was answered "Yes," check the box if you either provided the required notice or one of the options to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Г	Yes	X No
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	If a w	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th						
If y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				1			
b	Ente	r the minimum required contribution for this plan year			12b				
		r the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)			12d				•
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes X	No		
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co	ontrol 			Yes	X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify tl h assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to	1				
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)		13c(3)	PN(s)
Caut	ion: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	estal	olished.	1		
Jnde	r pena	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retredule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.	urn/rep	ort, ir	cludi	ng, if app			
0		and the designed by an ement detaily, do wen do the decire version of this retain	. oport	, and		2001 01 1	,	Jago	

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/03/2012	WILLIAM M. YEDOR
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	05/03/2012	WILLIAM M. YEDOR
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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OMB Nos. 1210-0110 1210-0089

2011

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i i	Annual Report Identification Information	rgance wi	in the instructions to the Fort	n 5500-SF.				
	r the calendar plan year 2011 or fiscal plan year beginning	01/0	01/2011 and ending	1	2/31/2011			
	This return/report is for: x a single-employer plan	····	employer plan (not multiemploye	STATE OF THE PARTY				
8	This return/report is: the first return/report		, -	P1 /	a one-participant plan			
	an amended return/report	.) m	return/report	_				
~	forming .	3	an year return/report (less than 1	2 months)	female			
•	Check box if filing under: Form 5558		extension		☐ DFVC program			
27.7	special extension (enter description							
***************************************	art II Basic Plan Information enter all requested information	rmation.						
18	Name of plan			15	Three-digit			
	Wm. M. Yedor, Inc. 401(k) Profit Sharing Plan	•		a de la composition della comp	plan number (PN) ▶ 001			
				1c	Effective date of plan			
		manut.			01/01/1996			
28	Plan sponsor's name and address; include room or suite number (emp. Wm. M. Yedor, Inc.	oloyer, if for	'single-employer plan)	2b	Employer Identification Number			
	The say wastable assure.				(EIN) 91-1782310			
	-			2c	Plan sponsor's telephone number			
	1809 7th Avenue, Suite 1002				(206) 467-9354			
F10	Cantal a pro-			2d	Business code (see instructions)			
$\frac{us}{3a}$	Seattle WA 98101 Plan administrator's name and address (If same as plan sponsor, ente	. EC 11			531110			
	Same	: Same)		30	Administrator's EIN			
				3c	Administrator's telephone number			
	AMAN AND AND AND AND AND AND AND AND AND A							
4	If the name and/or EIN of the plan sponsor has changed since the last	return/repo	et filed for this plan, enter the	4b	EIN			
8	name, EIN, and the plan number from the last return/report. Sponsor's Name			de	4c PN			
windowsky.	Total number of participants at the beginning of the plan year							
b	Total number of participants at the end of the plan year			. 5b	4			
C	Number of participants with account balances as of the end of the plan	year (defic	ed henofit alone do not	1				
6-	complete this item)			. 5c	4			
b	Were all of the plan's assets during the plan year invested in eligible as	sets? (See	instructions.)		XYes No			
•	Are you claiming a waiver of the annual examination and report of an in under 29 CFR 2520.104-48? (See instructions on waiver eligibility and	idepandeni conditione						
	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF a)		· · · X Yes No			
Pa	rt III Financial Information	A THE PARTY OF THE	A CONTRACT TO C.	**************************************				
7	Plan Assets and Liabilities	14	(a) Beginning of Year	T	(b) End of Year			
a	Total plan assets	78	272,20	10	CONTRACTOR OF THE PROPERTY OF			
b	Total plan liabilities	7b	E C E C E C	0	281,329			
c	Net plan assets (subtract line 7b from line 7a)	7c	272,20		0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	-	(h) Total			
a	Contributions received or receivable from:		Family as and a dark fact in the		frit I near			
	(1) Employers	Ba(1)	4,23	10				
	(2) Participants	8a(2)	26,50	0	e e e e e e e e e e e e e e e e e e e			
fee.	(3) Others (including rollovers)	8a(3)		*****				
b	Other income (loss)	8b	(21,530)				
C d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	ðc_			9,200			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			1			
e	Certain deemed and/or corrective distributions (see instructions)	86			. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
f	Administrative service providers (sataries, fees, commissions)	66 8f	and construction to the global construction of the construction of		THE STATE OF THE S			
g	Other expenses	CONTRACTOR OF THE PERSONS	gy of the state of		and the second of the second			
-	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g		0				
	Net income (loss) (subtract line 8h from line 8c)	8h			80			
1	Transfers to (from) the plan (see instructions)	81 81			9,120			
ai .		23 8 8						

	Form 5500-SF 2011	Pa	ge 2-						
Part	IV Plan Characteristics								
	the plan provides pension benefits, enter the applicable pension feature	codes from the List of	f Plan Characteristic	Codes i	n the in	structions:			
b II	2E 2F 2G 2J 2K 2T 3D the plan provides welfare benefits, enter the applicable welfare feature c	codes from the List of	Plan Characteristic C	odes in	the ins	tructions:			
Pari	V Compliance Questions								
10	During the plan year:			Yes	No	An	ount		
a	Was there a failure to transmit to the plan any participant contributions v	within the time period	described in)a	x	-			
ь	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary C Were there any nonexempt transactions with any party-in-interest? (Do	,orrection Program) not include transactio							
	on line 10a.)		10		×				
C	Was the plan covered by a fidelity bond?)c X			250,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?		ed by fraud)d	×	Accompany of the Control of the Cont	nd advisorable to debut 55% of White Gold Good are shown a source state of the same		
е	Were any fees or commissions paid to any brokers, agents, or other persinsurance services or other organization that provides some or all of the	benefits under the pl	lan? (See		×				
_	instructions.)				T _x				
f	Has the plan failed to provide any benefit when due under the plan? .		[
9 h	Did the plan have any participant toans? (If "Yes," enter amount as of yell this is an individual account plan, was there a blackout period? (See It			70	1				
11	2520.101-3.)		10)h	Х				
i	If 10h was answered "Yes," check the box if you either provided the requexceptions to providing the notice applied under 29 CFR 2520.101-3.	uired notice or one of	The	01					
Part	VI Pension Funding Compliance								
11	is this a defined benefit plan subject to minimum funding requirements?		tions and complete S	chedule	SB (Fo	xm	Yes X No		
12	party party								
a	If a waiver of the minimum funding standard for a prior year is being am granting the waiver		Month	and ente	er the da		r ruling ear		
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 ye				12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount)			[12d				
	Will the minimum funding amount reported on line 12d be met by the ful	nding deadline? .	O L P 4 4 9			Yes [No NIA		
Part	VII Plan Terminations and Transfers of Assets		energia en la companya de la companya del la companya de la compan		والمستوات والمتدد		tooning bearing the control of the c		
13a	Has a resolution to terminate the plan been adopted in any plan year?			٠.,	£		Yes X No		
	if "Yes," enter the amount of any plan assets that reverted to the employ		a		13a				
b c	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?	,			ol 		Yes X No		
	which assets or liabilities were transferred. (See instructions.)	***************************************			13c(2) 8	=IN(e)	13c(3) PN(s)		
***************************************	3c(1) Name of plan(s):	ann ann an Iolann an agthir an Arian an Arian an Arian an Arian an Arian an Arian an Arian		W. Carron - 1990	.00(2.)	-114(0)	100(0) (11(0)		
					***************************************	***************************************			
C e 1.45	on: A penalty for the late or incomplete filing of this return/report wil	Il ha sesacead unta	La resennable causes	ls aets	hlisho	1.			
Under	penalties of perjury and other penalties set forth in the instructions, I dec Schedule MB completed and signed by an enrolled actuary, as well as the	dare that I have exam	nined this return/repor	t, includ	ling, if a	applicable, a S	chedule ge and		
,	it is true, correct, and complete.				AA	V			
SIG			willa						
HE	El Signature of plan-administrator	Date 5/2/12	Enter name of Indivi				rator OLOV		
SIG	C 1/	e ca lo				and the second s			
HE	Signature of employer/plan sponsor	Date 5/4/12	Enter name of Indivi	dual sig	ning as	employer or p	olan sponsor		