Department of Labor This form is bedraft of 1974 (ERISA), and section 6050(a) of the Internal Revenue Code (the Code). This Form is Operation Pension Benefit Guaranty Corporation • Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Operation Part I Annual Report Identification Information • Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Operation Part I Annual Report Identification Information • Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Operation Part I Annual Report Identification Information • Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Operation B This return/report Identification Information • One-participant plan B This return/report is for: iffirst return/report inal antended return/report one-participant plan B This return/report is for: Form 5558 automatic extension DFVC program Special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan PRF, INC. 401(K) SAVINGS AND PROFIT SHARING PLAN 1b Three-digit DFVC program 22	This Form is Open to Public Inspection orm 5500-SF. This Form is Open to Public Inspection ng 12/31/2009 oyer) one-participant plan n 12 months) DFVC program Ib Three-digit plan number (PN) ▶ 002 Ic Effective date of plan 01/01/1990 2b Employer Identification Number (EIN) 91-1162829 2c Plan sponsor's telephone number 206-623-0232
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN	
	3c Administrator's telephone number 206-623-0232
name. FIN, and the plan number from the last return/report. Sponsor's name	the 4b EIN
4c PN	4c PN
5a Total number of participants at the beginning of the plan year	
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)	o not
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	
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.)	
Part III Financial Information	orm 5500
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Yea	orm 5500.
a Total plan assets 1579813	
b Total plan liabilities	ear (b) End of Year
C Net plan assets (subtract line 7b from line 7a)	ear (b) End of Year 1579813 2221595 0 0
	ear (b) End of Year 1579813 2221595
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total	ear (b) End of Year 1579813 2221595 0 0 1579813 2221595
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (a) Amount (b) Total	ear (b) End of Year 1579813 2221595 0 0 1579813 2221595 (b) Total (b) Total
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8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 104836 (1) Employers 8a(2) 201206 (3) Others (including rollovers) 8a(3) 129810	ear (b) End of Year 1579813 2221595 0 0 1579813 2221595 (b) Total (b) Total 104836 201206 129810 (b) Total
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 104836 (1) Employers 8a(1) 104836 (2) Participants 8a(2) 201206 (3) Others (including rollovers) 8a(3) 129810 b Other income (loss) 8b 233145 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 6c d Benefits paid (including direct rollovers and insurance premiums 8c 6c	ear (b) End of Year 1579813 2221595 0 0 1579813 2221595 0 0 1579813 2221595 (b) Total 0 104836 0 201206 129810 233145 668997
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8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 104836 (1) Employers 8a(1) 104836 (2) Participants 8a(2) 201206 (3) Others (including rollovers) 8a(3) 129810 b Other income (loss) 8b 233145 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 0 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 27215 e Certain deemed and/or corrective distributions (see instructions) 8e 0	ear (b) End of Year 1579813 2221595 0 0 1579813 2221595 0 0 1579813 2221595 (b) Total (b) Total 104836 (b) Total 201206 (b) Total 129810 668997 27215 0
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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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 2F 2G 2J 2K 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		Amo	unt	
а	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		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	Х					250000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х				
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		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х					24969
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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		Х				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and corr 5500))						Yes	X No
lf y b c	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instrugranting the waiver. You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. 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 negative amount)	ctions, th of a	and e	nter th	e date of	the lett		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	С	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	X 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 co				Vaa	
С	of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)						Yes	× No
1	3c(1) Name of plan(s):		13c(2) EIN(s) 13c(3			3c(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	Filed with authorized/valid electronic signature.	07/20/2010	MICHAEL RICHARDS
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