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Part L       Annual Report Identification Information         For candor plan year 2009 of field plan year beginning       Oli102009       and ending       1231/2009         A       This returningent is for:       Bingle-employer plan       mutiple-employer plan       one-participant plan         B       This returningent is for:       Bingle-employer plan       Intel returningent is for:       Bingle-employer plan       Bingle-employer	Department of Labor Retirement Income Security A				(ERISA), and section 6058(a) of the					
For calleding plan year 2000 or fiscal plan year beginning     01012009     an ending     1221/0209       A This returniveport is for:     Insigle-employer plan (incrt multienployer)     one participant plan       B This returniveport is for:     Insigle-employer plan (incrt multienployer)     one participant plan       C Check bod if filing under:     Insigle-employer plan (incrt multienployer)     one participant plan       If a Name of plan     Insigle-employer plan (incrt multienployer)     Incrt etamoreport       If a Name of plan     Ippecial extension (enter description)     Ippecial extension (enter description)       Part II     Basic Plan Information—enter all requested information     1     1b     Three-digit plan number (incrt etamoreport)       If A Name of plan     Ippecial extension (enter description)     Ippecial extension     2b     Ippecial extension       If A Name of plan     Ippecial extension     Ippecial extension     Ippecial extension     001       If A Name of plan     Ippecial extension     Ippecial extension     Ippecial extension     Ippecial extension       If A Name of plan     Ippecial extension     Ippecial extension     Ippecial extension     Ippecial extension       If A Name of participants at the extension     Ippecial extension     Ippecial extension     Ippecial extension       If A Name of Participants at the extension     Ippecial extension     Ippecial exten	Pension Benefit Guaranty Corporation  Complete all entries in accord				n the instructions to the Form 550	Inspection				
A       This return/report is for:       Image: single-employer plan       multiple-employer plan (not multiemployer)       one-participant plan         B       This return/report       Image: single-employer plan       multiple-employer plan (not multiemployer)       one-participant plan         B       This return/report       Image: single-employer plan       Image: single-employer plan       Image: single-employer plan         C       Check box if filing under:       Form 5558       automatic extension       ID       DFVC program         Part II       Easier Plan Information—enter all requested information       1       ID       Three-digit plan         C       Check box if filing under:       Form 5558       ID       On1       IC       Effective data of plan         MCNAUGHTON ASSOCIATES INC       ID       Three-digit plan       ID       Three-digit plan       ID	-		entification Information				2009	_		
A This return/report       Internet return/report       Internet return/report       Internet return/report       Internet return/report         B This return/report       In an amended return/report       Internet return/report       Internet return/report       Internet return/report         C Check box if filing under:       Form 5538       Internet return/report       Internet return/report       Internet return/report         I A Name of plan       Internet return/report       Internet return/report       Internet return/report         I A Name of plan       MCMAUGHTON ASSOCIATES INC       Internet return/report       Internet return/report         22 Plan sponsor's name and address (employer, if for single-employer plan)       (2)       Employer Identification Number (PN)         2122 1127H AVE NE SUITE A100       2122 1127H AVE NE SUITE A100       2122 1127H AVE NE SUITE A100         2122 1127H AVE NE SUITE A100       2122 1127H AVE NE SUITE A100       2122 1127H AVE NE SUITE A100         2122 1127H AVE NE SUITE A100       2122 1127H AVE NE SUITE A100       2122 1127H AVE NE SUITE A100         2122 1127H AVE NE SUITE A100       2122 1127H AVE NE SUITE A100       2122 1127H AVE NE SUITE A100         2122 1127H AVE NE SUITE A100       2122 1127H AVE NE SUITE A100       2122 1127H AVE NE SUITE A100         2122 1127H AVE NE SUITE A100       2122 1127H AVE NE SUITE A100       2122 1127H AVE NE SUITE A100						2/31/2				
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Part II       Basic Plan Information—enter all requested information         1a Name of plan       Ib       Three-digit plan number (PNN )         2a Plan sponsor's name and address (employer, if for single-employer plan)       1c       Effective data of plan 000482008         2a Plan sponsor's name and address (employer, if for single-employer plan)       2b       Employer Identification Number (ENN 753072001         212 112TH AVE NE SUITE A100       212 112TH AVE NE SUITE A100       2b       Employer Identification Number (ENN 753072001         33 Plan administrator's releptone number from the last return/report Hed for this plan, enter the name, EIN, and the plan sponsor to theplone number (SSOCATES INC 2122 112TH AVE NE SUITE A100 BELLEVUE, WA 380005-0000       3b Administrator's releptone number 4254554304         4 If the name and/or EIN of the plan sponsor has barred with a set return/report Hed for this plan, enter the name, EIN, and the plan number from the last return/report field for this plan, enter the name, EIN, and the plan number from the last return/report field for this plan, enter the name, EIN, and the plan number for the last return (report field for this plan, enter the name, EIN, and the plan number for the last return (report field for this plan, enter the name, EIN, and the plan number at the ord of the plan system.       5a       9         5a Total number of participants at the beginning of the plan year.       5a       9       5b         6a Were all of the plan's sets during the plan year.       5a       9       5b       0       0	C Check box if filing under:						X DFVC program			
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2a Plan sponsor's name and address (employer, if for single-employer plan)         2b Employer identification Number (EIN) 75-3075001           2122 1121H AVE INE SUITE A100 2122 1121H AVE INE SUITE A100 212 112H AVE INE SUITE A100		•				10	plan number			
MCHAUGHTON ASSOCIATES INC       IC The first of the firs							•			
9/22 1127H AVE NE SUITE A100 9122 1127H AVE NE SUITE A100 BELLEVUE, WA 98005-0000       2/2 Business code (see instructions) 531310         33 Plan administrator's name and address (if same as Plan sponsor, enter "Same") MCNAUGHTON ASSOCIATES INC       2/2 1127H AVE NE SUITE A100 2/12 112			ess (employer, if for single-employer	plan)		2b				
2122 112714 XVE NE SUITE A100 BELLEVUE, WA 98005-0000       2d Business code (see instructions) S31310         3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") MCNAUGHTON ASSOCIATES INC       2122 112714 XVE NE SUITE A100 2122 112714 XVE NE SUITE A100 BELLEVUE, WA 98005-0000       3c Administrator's EIN 75-3075001         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       4b EIN         5a Total number of participants at the beginning of the plan year       5a       9         5a Total number of participants at the end of the plan year       5b       6         6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).       If yes IN       N         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       If yes IN       N         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       If yes IN       N         b Are you claiming a waiver of the namual examination and report of an independent qualified public accountant (IQPA)       If yes IN       N         b Ard plan assets       7a       (a) Beginning of Year       (b) End of Year       N         7 Plan Assets and Liabilities       7a       (a) Amount       (b) Total       (b) Total						2c	Plan sponsor's telephone number	r		
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b Administrator's EIN         MCRAUGHTON ASSOCIATES INC       2122 1121 H. AVE NE SUITE A100 2122 1121 H. AVE NE SUITE A100 BELLEVUE; WA 99005-0000       3c Administrator's EIN         4 If the name and/or EIN of the plan sponsor has changed since the last return/report. Sponsor's name       4b EIN         MCNAUGHTON ASSOCIATES INC       4c PN         5a Total number of participants at the beginning of the plan year       5a (c PN)         5a Total number of participants at the end of the plan year       5b         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes No         b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes No         If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Yes No         7a tal plan assets and Labilities       7a (a) Beginning of Year       (b) End of Year         7a tal plan assets (subtract line 7b from line 7a)       7b (0) (D (DA688)       49171         b Total plan assets (subtract line 7b from line 7a)       7b (0) (D (DA688)       49171         b Total plan assets (subtract line 7b from line 7a)       7b (0) (D (DA688)       49171         b Total plan labilities       7a (a) Beginning of Year       (b) Total       (c) Attributions received or r	2122	112TH AVE NE SUITE A100				2d	Business code (see instructions)	—		
2122 112TH AVE NE SUITE A100         3C Administrator's telephone number 425-455-4304         4 If the name and/or EIN of the plan sponsor has changed since the last return/report. Sponsor's name MCNNUGHTON ASSOCIATES INC       4b EIN         5a       9         5a       9 <th <="" colspan="2" th=""><th>3a MCN</th><th>Plan administrator's name and AUGHTON ASSOCIATES INC</th><th></th><th></th><th></th><th>3b</th><th>Administrator's EIN</th><th></th></th>	<th>3a MCN</th> <th>Plan administrator's name and AUGHTON ASSOCIATES INC</th> <th></th> <th></th> <th></th> <th>3b</th> <th>Administrator's EIN</th> <th></th>		3a MCN	Plan administrator's name and AUGHTON ASSOCIATES INC				3b	Administrator's EIN	
name, EIN, and the plan number from the last return/report. Sponsor's name     4c PN       MCNAUGHTON ASSOCIATES INC     5a     5b     6a     9b     5b     5c	2122 112TH A				UITE A100	3c	Administrator's telephone numb			
MCNAUGHTON ASSOCIATES INC     4c     PN       5a     Total number of participants at the beginning of the plan year     5a     9       b     Total number of participants at the edi of the plan year     5b     6a       c     Total number of participants at the edi of the plan year     5c     5c       6a     Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)     Yes     Nc       b     Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)     Yes     Nc       ry ou 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) Beginning of Year     (b) End of Year       a     Total plan assets (subtract line 7b from line 7a).     7c     40858     49171       b     Income, Expenses, and Transfers for this Plan Year     (a) Amount     (b) Total       a     Contributions received or receivable from:     8a(1)     818       (2)     Participants     8a(2)     6721       (3)     Other s(nouding direct rollovers)     8a     6366       (2)     Participants     8a(2)     6721       (3)     Others (including rollovers)     8a     6366       (2)     Partioip					port filed for this plan, enter the	4b				
5a       Total number of participants at the beginning of the plan year       5a       9         b       Total number of participants at the end of the plan year       5b       6b         c       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       5c         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X       Yes       Nc         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       Nc         under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       Yes       Nc       Yes       Nc         Part III       Financial Information       (a) Beginning of Year       (b) End of Year       0       0         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year       0       0         6       Net plan assets (subtract line 7b from line 7a)       7c       40858       49171         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         8a(1)       8a(2)       5721       3) Other income (loss)       8a(3)       0         9       Onthoutions received or receivable	name, EIN, and the plan number from the last return/report. Sponsor					40	DN			
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c       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       5         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X       X       Yes       Not be avoid chaining a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       Not be avoid chaining a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       Not be avoid chaining a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       Not be avoid chaining a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       Not were all ot the plan 's assets and Liabilities       X       Yes       Not the plan sate of the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III       Financial Information       Total plan assets       (a) Beginning of Year       (b) End of Year         7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year       0         8       (a) plan iiabilities       7b       0       0       0         6       Not plan iiabilities       7b       0       0       0         7       Plan Assets (subtract line 7b from line 7a)       <										
complete this item)       5c       5         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Yes       No         under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       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) Beginning of Year       (b) End of Year         a       Total plan iabilities       7a       40858       49171         b       No       0       0       0         c       Net plan assets (subtract line 7b from line 7a)       7c       40858       49171         b       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       818         (2)       Part (including rollovers)       8a(3)       0       0         b       0 of their income (loss)       8b       9996       16535         d       Other income (loss)       8b       9996       16535         d </th <th colspan="4"></th> <th></th> <th>ac</th> <th></th> <th>0</th>						ac		0		
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.)					· ·	5c		5		
Index 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		X Yes 🗌 N	lo		
If you answerd "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) Beginning of Year       (b) End of Year         a Total plan assets       7a       40858       49171         b Total plan liabilities       7b       0       0         c Net plan assets (subtract line 7b from line 7a)       7c       40858       49171         8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a Contributions received or receivable from:       8a(1)       818         (2) Participants       8a(2)       57721         (3) Others (including rollovers)       8a(3)       0         b Other income (loss)       8b       9996         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       16535         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       6386         e Certain deemed and/or corrective distributions (see instructions)       8e       1776         f Administrative service providers (salaries, fees, commissions)       8f       80         g Other expenses       8g       0       0	b	, ,				,		lo		
Part IIIFinancial Information7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a4085849171bTotal plan liabilities7b00cNet plan assets (subtract line 7b from line 7a)7c40858491718Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from: (1) Employers8a(1)818 8a(2)5721 6721 (3) Others (including rollovers)aContribution gollovers)8a(3)00bOther income (loss)8b999616535dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8c11776 80fAdministrative service providers (salaries, fees, commissions)8f80 80gOther expenses8g0										
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DescriptionDescriptionbTotal plan liabilities	7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
CNet plan assets (subtract line 7b from line 7a)	а	Total plan assets		7a	40858	3	49171			
8       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from:       8a(1)       818         (1)       Employers       8a(2)       5721         (3)       Others (including rollovers)       8a(3)       0         b       Other income (loss)       8b       9996         c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       16535         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       6366         e       Certain deemed and/or corrective distributions (see instructions)       8e       1776         f       Administrative service providers (salaries, fees, commissions)       8f       80         g       Other expenses       8g       0	b	Total plan liabilities		7b	(	0				
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(3) Others (including rollovers)						-				
b       Other income (loss)		., .								
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	., ,			9990	3				
to provide benefits)       8d       6366         e       Certain deemed and/or corrective distributions (see instructions)       8e       1776         f       Administrative service providers (salaries, fees, commissions)       8f       80         g       Other expenses	С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			1653	5		
e       Certain deemed and/or corrective distributions (see instructions)       8e       1776         f       Administrative service providers (salaries, fees, commissions)       8f       80         g       Other expenses	d		•							
f       Administrative service providers (salaries, fees, commissions)       8f       80         g       Other expenses	-	· ,								
g Other expenses	e 1	•				i				
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h Total expenses (add lines 8d, 8e, 8f, and 8g)		•	expenses			,	802	2		
	i									
	j		,			<u>,</u>				

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 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	During the plan year:		Yes	No		Amo	ount	
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)							
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			Х				
С	on line 10a.) Was the plan covered by a fidelity bond?							20000
d								
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.)			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				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
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 con 5500))						Yes	× No
lf y	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. Nor 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 le	tter rul	-
Δ	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
Part								
							Yes	X No
15a	A Has a resolution to terminate the plan been adopted during the plan year or any prior year?						163	
b	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
	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	<b>3c(1)</b> Name of plan(s):		130	<b>:(2)</b> El	N(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.	08/13/2010	MCNAUGHTON ASSOCIATES INC				
	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				