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).

OMB Nos. 1210-0110

1210-0089

2009

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

P	art I Annua	I Report I	<u>Ident</u>	ification Information					
For	calendar plan yea	r 2009 or fis	cal pla	n year beginning 06/01	1/2009		and ending)5/31/2	2010
Α	This return/report	is for:	X sir	igle-employer plan	m	ultiple-e	mployer plan (not multiemployer)		one-participant plan
	This return/report		firs	st return/report	fin	nal returi	n/report		_
			∏an	amended return/report	sh	nort plan	year return/report (less than 12 mo	nths)	
C	Check box if filing	under:		rm 5558	=		extension	,	DFVC program
Ü	Check box ii iiiiig	under.	님	ecial extension (enter desc	ш	atomatio	SACHEIGH.		
D	rt II Boole	Dian Infa	ш.	,					
	art II Basic Name of plan	Pian inioi	rmati	on—enter all requested in	ntormatic	on		1h	Three-digit
	MCO, INC. 401K	PROFIT SH	ARING	i PI AN				10	plan number
		i Korri on	,						(PN) • 001
								1c	Effective date of plan
									06/01/1999
		ame and add	dress (employer, if for single-emp	loyer pla	an)		2b	Employer Identification Number
PIKA	MCO, INC.							20	(EIN) 91-1526450 Plan sponsor's telephone number
2443	7 RUSSELL ROA	D							253-520-2522
	E 240 T, WA 98032							2d	Business code (see instructions)
	,			<i>(''</i>		"0	w.	26	721110
	Pian administrato MCO, INC.	r's name an	a adar	ess (if same as Plan spons 24437 F	sor, ente RUSSEL			30	Administrator's EIN 91-1526450
				SUITE 2	240			3с	Administrator's telephone number
				•	WA 9803				253-520-2522
				onsor has changed since to the last return/report. Sp			port filed for this plan, enter the	4b	EIN
	name, Em, and m	e pian numi.	Jei IIOI	ir the last return/report. Sp	0011501 5	паше		4c	PN
5a	Total number of	participants :	at the l	peginning of the plan year.				5a	62
b							5b	77	
С							ear (defined benefit plans do not	0.0	
								5c	12
6a	Were all of the p	lan's assets	during	the plan year invested in	eligible a	assets?	(See instructions.)		X Yes No
b							dent qualified public accountant (IQ		X Yes □ No
			•	-	-		ons.) SF and must instead use Form 55		
Pa		ial Inforn			130 1 0111		or and mast moteda ase I offin oc	00.	
7	Plan Assets and	Liabilities					(a) Beginning of Year		(b) End of Year
а						7a	9303	9	108873
b	•					7b)	
С	·			m line 7a)		7c	93039	9	108873
8	Income, Expense			,		-	(a) Amount		(b) Total
а	Contributions red	•					.,		(1)
	(1) Employers					8a(1))	
	(2) Participants					8a(2)	1361:	2	
	(3) Others (inclu	ding rollover	rs)			8a(3)		_	
b	Other income (lo	ss)			····-	8b	11679	5	
С				, 8a(3), and 8b)		8c			25287
d		J		ers and insurance premiur		8d	945	3	
е	Certain deemed	and/or corre	ctive d	istributions (see instruction	าร)	8e			
f				laries, fees, commissions)	· ·	8f			
g		•	`			8g			
h	•			f, and 8g)		8h			9453
i	,			rom line 8c)		8i			15834
i	,	, ,		structions)		8i			
J									

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Part IV	Plan	Charact	taristics

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 2J 2K 3E

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

art	V Compliance Questions								
0	During the plan year:		Yes	No		Am	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)	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	X					10000	
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					439	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
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							
art	VI Pension Funding Compliance								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp5500))					[Yes	X No	
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	ERISA?	[Yes	X No	
	(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 instruction granting the waiver. Mont tou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							ing 	
b	Enter the minimum required contribution for this plan year			12b					
С	Enter the amount contributed by the employer to the plan for this plan year	12							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)			12d	2d				
е	Will the 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								
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				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 upon the PBGC?	ınder 	the co	ntrol 			Yes	X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to			1			
1	3c(1) Name of plan(s):	13c(2) EIN(s)					13c(3) PN(s)		
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable								
Во	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, it is true, correct, and complete.								

SIGN	Filed with authorized/valid electronic signature.	11/16/2010	SCOTT BROWN					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN	Filed with authorized/valid electronic signature.	11/16/2010	SCOTT BROWN					
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

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Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection.

F	Part 13 Annual Report Identification Information	ruance w	ith the instructio	ns to the Form 5	600-SF.	1				
	r the calendar plan year 2009 or fiscal plan year beginning	200	9-06-01	and ending	2	010-05-31				
_	This return/report is for:	1	employer plan (no							
В	This return/report is for:	_	rn/report	(mademployer)		one-participant plan				
	an amended return/report	=		mt/lasas Hara 40						
С	Check box if filing under: Form 5558	i		rt (less than 12 mo	ntns)					
Ĭ	special extension (enter description	_	c extension			DFVC progra	ım			
	art II Basic Plan Information — enter all requested info	rmation.			1 44					
	•				1b	Three-digit plan number				
	PIRAMCO, INC. 401K PROFIT SHARING PLAN					(PN) ►	001			
						Effective date of	f plan			
2a	Plan sponsor's name and address (employer, if for single-employer p	olan)				1999-06-01 Employer Identi	fication Number			
	PIRAMCO, INC.					(EIN) 91-15:				
	24437 RUSSELL ROAD				2c		elephone number			
US	SUITE 240 KENT WA 98032				2d	(253) 520-2	see instructions)			
3a						721110				
	Same	nter Same	9")		3b	3b Administrator's EIN				
					3c	Administrator's t	elephone number			
4	if the name and/or FIN of the plan appears to									
•	If the name and/or EIN of the plan sponsor has changed since the las name, EIN and the plan number from the last return. Sponsor's Name	st return/re e	port filed for this p	lan, enter the	4b	4b EIN				
52	Total question of a district to the second s				4c	PN				
b	Total number of participants at the beginning of the plan year				5a					
C	Total number of participants at the end of the plan year	ne plan vea	ar (defined henefit	nlane do not	5 b		77			
<u></u>	complete this item)				5c		12			
6a b	were all of the plan's assets during the plan year invested in eligible a	assets? (Se	ee instructions.)				X Yes No			
	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility and	independe a condition								
	If you answered "No" to either 6a or 6b, the plan cannot use Forn	n 5500-SF	and must instead	use Form 5500.	• • •	• • • •	X Yes No			
Pa	rt III Financial Information	52								
7	Plan Assets and Liabilities	35	(a) Begi	nning of Year		(b) End o	of Year			
	Total plan assets	. 7a		93,039			108,873			
D	Total plan liabilities	. 7b		0						
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		93,039			108,873			
8	Income, Expenses, and Transfers for this Plan Year		(a)	Amount		(b) To	otal			
а	Contributions received or receivable from: (1) Employers	00(1)					Value Electric			
	(2) Participants	8a(1) 8a(2)		13 613	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.					
	(3) Others (including rollovers)	8a(3)		13,612	4					
b	Other income (loss)	8b		11,675	3					
C	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				Contractor State	25 225			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)				1.00	ASTACL AS A	25,287			
_		8d		9,453						
e f	Certain deemed and/or corrective distributions (see instructions) Administrative continuous provides (see instructions)	8e				8				
g	Administrative service providers (salaries, fees, commissions) Other expenses	8f								
		8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			A		9,453			
	Net income (loss) (subject line 8h from line 8c)	8i					15,834			
<u>, </u>	Transfers to (from) the plan (see instructions)	8j								

	F	orm 5500-SF (2009)		Page 2-						
Par	t IV	Plan Characteristics							 	
9 a	If the p	lan provides pension benefits, enter the applicable pension fea E 2F 2J 2K 3E lan provides welfare benefits, enter the applicable welfare feat							:	
Pa	rt V	Compliance Questions								
10		ng the plan year:			······································	Yes	No		Amount	
а	Was	there a failure to transmit to the plan any participant contribution	on within the time peri	od described in			x			
b	29 C Wer	FR 2510.3-102? (See instructions and DOL's Voluntary Fiducia there any nonexempt transactions with any party-in-interest?	ary Correction Program	n)	. 10a	<u> </u>	<u> </u>			
_		ne 10a.)		· · · · · · · · · · · · · · · · · · ·	. 10b		ж			
c	Was	the plan covered by a fidelity bond?			10c	х				10,00
d	Did t	he plan have a loss, whether or not reimbursed by the plan's fic	delity bond, that was o	aused by fraud	•					
	or di	shonesty?		• • • • • •	· 10d		х			
е	Wer	e any fees or commisions paid to any brokers, agents, or other	persons by an insurar	nce carrier,						
		ance services or other organization that provides some or all of actions.)		ie plan? (See	10e	х				43
f		the plan failed to provide any benefit when due under the plan?			· 10f		х			
g	Did t	he plan have any participant loans? (If "Yes," enter amount as	of year end.)		· 10g		х			
h	l If thi	s is an individual account plan, was there a blackout period? (S	ee instructions and 29		1.3	 				NO EN
i		.101-3.)			· 10h		X			
	exce	n was answered "Yes," check the box if you either provided the ptions to providing the notice applied under 29 CFR 2520.101-	required notice or on	e of the	. 101					
Par		Pension Funding Compliance						- COLUMN TRANSIT		Mary Col.
11	ls th 5500	s a defined benefit plan subject to minimum funding requirement	nts? (If "Yes," see ins	tructions and con	piete So	chedule	SB (Form	Yes	X No
12 a	(If "Y If a v gran	s a defined contribution plan subject to the minimum funding re es," complete 12a or 12b, 12c, 12d, and 12e below, as applical vaiver of the minimum funding standard for a prior year is being ing the waiver	ble.) amortized in this plar	n year, see instruc	ctions, a	nd ento	er the			
		mpleted line 12a, complete lines 3, 9, and 10 of Schedule N	•	•		_				
b		the minimum required contribution for this plan year				• -	12b			
d	Subt	r the amount contributed by the employer to the plan for this plated the amount in line 12c from the amount in line 12b. Enter the tive amount)					12c 12d			
<u>e</u>	Will	he minimum funding amount reported on line 12d be met by the	e funding deadline?	<u> </u>				Yes	□No	□N/A
Par	t VIE	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan	year or any prior year	?		٠ _ ـ			Yes	X No
		s," enter the amount of any plan assets that reverted to the em					13a			
b	Were of the	all the plan assets distributed to participants or beneficiaries, to PBGC?	ransferred to another	plan, or brought t	under the	ontr	ol		□Yes	X No
	If du whic	ing this plan year, any assets or liabilities were transferred from n assets or liabilities were transferred. (See instructions.)	this plan to another p	plan(s), identify th	e plan(s) to	• •			<u>a</u> jivo
	13c(1)	Name of plan(s):				136	(2) El	N(s)	13c(3)	PN(s)
									}	
Caut	ion: A	penalty for the late or incomplete filing of this return/report	will be assessed uni	ess reasonable	cause is	s estat	olishe	d.		
Unde S B o	r penal r Sched	ies of perjury and other penalties set forth in the instructions, I dule MB completed and signed by an enrolled actuary, as well as e, correct, and complete.	declare that I have ex	amined this return	n/report	includi	na if	annlicable a	Schedule edge and	
SIC		title_	Malalio	Sec- A	e.		·			
		gnature_of plan administrator	Date	Scorr A Enter name of i	ndividus	l signir	nn ae r	alan adminin	trator	
SIC		XHB	w/m lo	Scom A	~	i sigiiii پاتىدى		nan aummis	ιαιυΙ	
HE		gnature of employer/plan sponsor	Date	Enter name of i				mnlever er	nian ener-	
			1	1 =	viuud	. orgini	·y as t	withinhal of	פווטעפ וומיל	,Ui