	Form 5500-SF	yee	OMB Nos. 1210-0110 1210-0089							
	Department of the Treasury Internal Revenue Service	E This form is required to be filed	е	2010						
Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).						This Form is Open to Public				
P	Pension Benefit Guaranty Corporation Inspection									
		entification Information	2	and anding 1	0/31/2	2010				
	calendar plan year 2010 or fisca	single-employer plan		g	0/31/2					
	This return/report is for:			mployer plan (not multiemployer)		one-participant plan				
В	This return/report is for:	first return/report	final return	•						
•		an amended return/report		year return/report (less than 12 mo	ntns)					
	Check box if filing under:	Form 5558		extension		DFVC program				
Da	Part II Basic Plan Information—enter all requested information									
	Name of plan	Idtion —enter all requested information	ation		1b	Three-digit				
	RORIE INTERIORS, INC. 401(F	() PLAN				plan number 001				
					4	(PN) ►				
					10	Effective date of plan 09/01/1998				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-1413190				
	N. OAKRIDGE DR.				2c	Plan sponsor's telephone number 360-457-7500				
	T ANGELES, WA 98362				2d	Business code (see instructions)				
3a	Plan administrator's name and a RORIE INTERIORS, INC.	address (if same as Plan sponsor, er 547 N. OAKR			3b	Administrator's EIN 91-1413190				
		PORT ANGE			3c	Administrator's telephone number 360-457-7500				
4 I	f the name and/or EIN of the pla	n sponsor has changed since the las	st return/re	port filed for this plan, enter the) EIN					
I	name, EIN, and the plan number	r from the last return/report. Sponso	r's name		40	PN				
5a	Total number of participants at	the beginning of the plan year			40 5a	24				
b		the end of the plan year			5a 5b	0				
	Total number of participants wi	th account balances as of the end of	the plan y	ear (defined benefit plans do not	50 50	0				
6a	complete this item) 5C 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.)									
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				
а	Total plan assets		7a	32214	5	0				
b	Total plan liabilities		7b							
C	Net plan assets (subtract line 7	b from line 7a)	7c	32214	5	0				
8	Income, Expenses, and Transf			(a) Amount		(b) Total				
а	Contributions received or received (1) Employers	vable from:	8a(1)	22	1					
			8a(2)	263)					
	(3) Others (including rollovers)		8a(3)							
b	Other income (loss)		8b	-1298	3					
С	Total income (add lines 8a(1),	3a(2), 8a(3), and 8b)	8c			-10137				
d		ollovers and insurance premiums	8d	29890	D					
е	· ,	ve distributions (see instructions)	8e	1310	3					
f	Administrative service provider	s (salaries, fees, commissions)	8f							
g	Other expenses		8g							
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h			312008				
i	() (8h from line 8c)	8i			-322145				
j	Transfers to (from) the plan (se	e instructions)	8j							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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 2H 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:

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Image: the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) Image: the plan have any participant loans? (If "Yes," enter amount as of year end.)	Part	V Compliance Questions							
29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a 1 b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b 10c 10c <td< th=""><th>10</th><th>During the plan year:</th><th></th><th>Yes</th><th>No</th><th></th><th>Amo</th><th>ount</th><th></th></td<>	10	During the plan year:		Yes	No		Amo	ount	
on line 10a	а								
c Was the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d × e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurances service or other organization that provides some or all of the benefits under the plan? (See instructions.) 10d × f Has the plan have any participant loans? (If "Yes," enter amount as of year end.)	b		10b		х				
or dishonesty? 10d 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.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	С	Was the plan covered by a fidelity bond?	10c	Х					1000
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	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				
Image in the plan have any participant loans? (If "Yes," enter amount as of year end.)	е	insurance service or other organization that provides some or all of the benefits under the plan? (See	10e		х				
Image: Second	f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
2520.101-3.) 10h 10h 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	g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х					0
exceptions to providing the notice applied under 29 CFR 2520.101-3	h		10h		Х				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)). Yes 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 Yes 13 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 Yea 14 you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Day Yea Yea 15 Enter the minimum required contribution for this plan year	i		10i						
5500))	Part	VI Pension Funding Compliance							
(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. Day Year b Enter the minimum required contribution for this plan year. 12b 12c c Enter the amount contributed by the employer to the plan for this plan year. 12c 12d 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) Yes No N/ Part VII Plan Terminations and Transfers of Assets Yes Yes N N/ 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? 13a Yes N Yes N 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.) Yes N Yes N	11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com				•	. [Yes	No
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? 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? 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.)	a lfy b c	(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 instruct granting the waiver	tions, th	and e	enter th Day 12b 12c	e date o	the le	tter ruli	
 Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? 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.) 	е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	١o	N/A
If "Yes," enter the amount of any plan assets that reverted to the employer this year	Part	VII Plan Terminations and Transfers of Assets							
 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Х	Yes	No
of the PBGC? Yes		If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
which assets or liabilities were transferred. (See instructions.)	b						X	Yes	No
13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)	C		ne pla	n(s) to					
	1	3c(1) Name of plan(s):		13	c (2) El	N(s)		13c(3)	PN(s)
Caution: A panalty for the late or incomplete filing of this return/report will be accessed upless reaconable cause is established									

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.	12/14/2010	JOHN MCCRORIE Enter name of individual signing as plan administrator					
HERE	Signature of plan administrator	Date						
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

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	Form 5500-SF	Short Form Annual R	eturn/l	Report of Small Employ	yee	c	MB Nos. 1210-0110		
	Department of the Treasury Internal Revenue Service		Benefit	NAME AND AND AND A DECEMBER OF A DECEMBER		1210-0089 010			
Department of Labor Retirement Income Security Ad				d under sections 104 and 4065 of the Employee Act of 1974 (ERISA), and section 6058(a) of the I Revenue Code (the Code).			Open to Public		
	ension Benefit Guaranty Corporation			the instructions to the Form 550	N OF		pection		
Pa	art I Annual Report Id	entification Information	ance with	The instructions to the Form 550	0-3F.	1			
For	calendar plan year 2010 or fisca		D	and ending 1	0/31/2	2010			
Α	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participar	it plan		
в	This return/report is for:	first return/report	final retur	n/report					
		an amended return/report	short plan	year return/report (less than 12 mor	nlhs)				
С	Check box if filing under:	Form 5558		extension		DFVC program	n		
	special extension (enter description)								
Pa	rt II Basic Plan Inform	nation-enter all requested information	ation			100 mile			
1a	Name of plan				1b	Three-digit			
MCC	RORIE INTERIORS, INC. 401(H	() PLAN				plan number	804		
					-	(PN) ►	001		
·					IC	Effective date of 09/01/19			
	Plan sponsor's name and addre RORIE INTERIORS, INC.	ss (employer, if for single-employer	plan)		2b	2b Employer Identification Number (EIN) 91-1413190			
547	N. OAKRIDGE DR.				2c	Plan sponsor's te 360-457	lephone number -7500		
POR	T ANGELES WA 98362				2d	Business code (s 442299	ee instructions)		
3a SAM		address (if same as Plan sponsor, er	nter "Same	[,])	3b	IN 190			
					3c Administrator's telephone numb 360-457-7500				
4 1	f the name and/or EIN of the plan	n sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN			
I	name, EIN, and the plan number	from the last return/report. Sponso	r's name		4c	DN			
5a Total number of participants at the beginning of the plan year					40 5a		24		
b		the end of the plan year			5a 5b		24		
С	Total number of participants wit	h account balances as of the end of	the plan y	ear (defined benefit plans do not					
62	complete this item)								
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
	under 29 CFR 2520.104-46? (S	See instructions on waiver eligibility a	and conditi	ons.)			X Yes 🛛 No		
De		er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.				
12-2	rt III Financial Informa	lion			1	and the second			
7	Plan Assets and Liabilities			(a) Beginning of Year 322145	_	(b) End o	of Year 0		
a b	.M.		7 <u>a</u> 7b	022140					
c		b from line 7a)	70 70	322145			0		
8	Income, Expenses, and Transfe			(a) Amount	-	// X —			
a	Contributions received or receiv				+	(b) To			
192			8a(1)	221					
	(2) Participants		8a(2)	2630					
	(3) Others (including rollovers)		8a(3)						
b	Other income (loss)		8b	-12988					
C		Ba(2), 8a(3), and 8b)	8c				-10137		
d		ollovers and insurance premiums	8d	298900					
е	Certain deemed and/or correcti	ve distributions (see instructions)	8e	13108					
f	Administrative service providers	s (salaries, fees, commissions)	8f						
g	estadorse peretation data a summation		8g	•					
h	Tolal expenses (add lines 8d, 8	e, 8f, and 8g)	8h				312008		
i		8h from line 8c)	8i				-322145		
1	Contract and the Array Array Array	e instructions)	8j						
Earl	Paperwork Reduction Act Notice and	OMB Control Numbers see the instruction	and for Farmer	Etan OF			Entro 5500 85 (204 0)		

Form 5500-SF 2010

A

Pai	t IV Plan Characteristics	141 mar 20-64						
9a								
b	2E 2H 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Coo	des in l	the instruction	ons:		
Par	t V Compliance Questions			2 %	. And the second second			
10	During the plan year:		Yes	No		Amount		
	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	1	х				
с	2-3	10c	х			1000		
d		10d	10000	x				
e		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			0		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g		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	101						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))	nplete	Sched	ule SE	(Form			
	b Enter the minimum required contribution for this plan year							
	C 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)	ofa		12d		1		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/A		
Part					2	ويتعادم والمعارية		
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X Yes No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
d	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co	ntrol		X Yes No		
C	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.)							
	13c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) PN(s)		
Cau	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	ole cau	ise is	establ	ished.			
Unde SB c	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return f, it is true, correct, and complete.	um/rei	port in	cludin	n if annlical	ole, a Schedule nowledge and		
SIG	N X JOHN MCCRC	RIE		12				
HEF	RE Signature of plan administrator	and to start a			marginal contractor			

	Signature/or plan auministrator	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

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