	Form 5500-SF	Short Form Annual R	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service		Benefit Plan is required to be filed under sections 104 and 4065 of the Employee			2010			
Department of Labor Retirement Income Security A				(ERISA), and section 6058(a) of the Code (the Code).	This Form is Open to Public				
P	ension Benefit Guaranty Corporation	Inspection							
		entification Information	2	and anding 1	2/31/2	2010			
-	calendar plan year 2010 or fisca	single-employer plan		and ending 1 mployer plan (not multiemployer)	2/31/2				
	This return/report is for:		one-participant plan						
в	This return/report is for:	first return/report an amended return/report	nths)						
<b>c</b>			, <u> </u>						
	C Check box if filing under:								
Pa	rt II Basic Plan Inform	nation—enter all requested information	,						
-	Name of plan		1b	Three-digit					
MIKKELBORG BROZ WELLS & FRYER 401(K) RETIREMENT PLAN						plan number 002			
					10	(PN) Effective date of plan			
					10	01/01/1990			
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-0862366			
	4TH AVE STE 3600				2c	Plan sponsor's telephone number 206-623-5890			
1001 41H AVE STE 3600 SEATTLE, WA 98154-1130						Business code (see instructions) 541110			
3a MIKK	Plan administrator's name and ELBORG BROZ WELLS & FRY	3b	Administrator's EIN 91-0862366						
		3c	Administrator's telephone number 206-623-5890						
<b>4</b> II	f the name and/or EIN of the pla	4b	ib EIN						
r	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name						
00000000000000000000000000000000000000						PN22			
b	Total number of participants at	5a 5b	22						
c	Total number of participants wi	30							
	complete this item)	5c	20 IXI v						
-	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
D	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.									
Ра 7	rt III Financial Informa Plan Assets and Liabilities								
' a			7a	(a) Beginning of Year 1639609	)	(b) End of Year 1763605			
b	I		7a 7b	(	)	0			
C		b from line 7a)	7c	1639609	)	1763605			
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or recei	vable from:	0-(4)	(					
			8a(1)	80397	,				
			8a(2) 8a(3)	(					
b	., ,		8b	175324					
с	· · · ·	Ba(2), 8a(3), and 8b)	8c			255721			
d	Benefits paid (including direct r	ollovers and insurance premiums	8d	126464	F .				
е	1 ,	ive distributions (see instructions)	80 8e	(	)				
f		s (salaries, fees, commissions)		5261	5261				
g	•		8g	(	)				
h	•	3e, 8f, and 8g)	8h			131725			
i	Net income (loss) (subtract line	8h from line 8c)	8i			123996			
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**

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 3D 2E 2K 2T
  - 2F 2G 2J
- **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)			Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			X				
с	Was the plan covered by a fidelity bond?		Х				2	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?							
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.)				3741			
f	Has the plan failed to provide any benefit when due under the plan?			Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х		1850			1850
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	10i						
Part	VI Pension Funding Compliance							
11								
lf	(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							
d	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)							
е	<ul> <li>Will the minimum funding amount reported on line 12d be met by the funding deadline?</li> </ul>				Yes	Ν	0	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	a 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	L			
<ul> <li>b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?</li></ul>								
13c(1) Name of plan(s):				<b>13c(2)</b> EIN(s) <b>13c(3)</b> PN(s)			PN(s)	
							X-7	X-7

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.	06/21/2011	GILBERT PRICE
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/21/2011	GILBERT PRICE
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor