	Form 5500-SF	Short Form Annual Return/Report of Small Employee									
	Department of the Treasury Internal Revenue Service	This form is required to be file	2010								
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A		This Form is Open to Public							
Р	ension Benefit Guaranty Corporation	Inspection									
	Period Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010										
	This return/report is for:	Single-employer plan multiple-employer plan (not multiemployer) one-participant pla									
B	This return/report is for:	first return/report	final retur	n/report i year return/report (less than 12 mo							
-		an amended return/report	nths)								
C	Check box if filing under:	Form 5558		extension		DFVC program					
De	ut II Decie Dien Inform	special extension (enter description									
	Int II Basic Plan Inform	nation—enter all requested information	ation		1h	Three-digit					
	ADVISORY, LLC 401(K) PROF	FIT SHARING PLAN				plan number 001					
						(PN) ►					
					10	Effective date of plan 01/01/2008					
2a MRW	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 26-0242071					
	SECOND AVENUE, SUITE 158	30			2c	Plan sponsor's telephone number 206-515-2380					
SEAT	TTLE, WA 98104				2d	Business code (see instructions) 523900					
3a MRW	Plan administrator's name and ADVISORY, LLC	address (if same as Plan sponsor, e 1000 SECON	nter "Same	e") E, SUITE 1580	3b	Administrator's EIN 26-0242071					
		SEATTLE, W	/A 98104		3c	3c Administrator's telephone number 206-515-2380					
		n sponsor has changed since the las		port filed for this plan, enter the	4b	EIN					
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN					
5a	Total number of participants at	the beginning of the plan year			5a	11					
b	Total number of participants at	the end of the plan year			5b	10					
С	· · ·	th account balances as of the end of		· ·	5c	9					
6a		uring the plan year invested in eligib				Yes No					
b		e annual examination and report of a									
	,	See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo		,		Yes No					
Pa	rt III Financial Informa										
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
а	Total plan assets		7a	299133	3	506133					
b	Total plan liabilities		7b		_						
<u> </u>	· · · ·	b from line 7a)	7c	299133	3	506133					
8	Income, Expenses, and Transf			(a) Amount		(b) Total					
а	(1) Employers	vable from:	8a(1)	56540)						
	(2) Participants		8a(2)	11966	7						
	(3) Others (including rollovers)		8a(3)	()						
b	Other income (loss)		8b	34903	3						
С	Total income (add lines 8a(1),	3a(2), 8a(3), and 8b)	8c			211110					
d		ollovers and insurance premiums	8d	4110	4110						
е	, ,	ve distributions (see instructions)	8e	()						
f		s (salaries, fees, commissions)		()						
g	•										
h	•	Be, 8f, and 8g)				4110					
i		8h from line 8c)				207000					
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.

Plan Characteristics Part IV

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2G 2J 2K 2T 2A 2E 2F 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		Amou	nt	
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		х				
С	Was the plan covered by a fidelity bond?	10c	Х				6	60000
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	10i		Х				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes 🎙	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	802 of E	ERISA?		Yes 🎙	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	 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. 							0
lf y	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	b Enter the minimum required contribution for this plan year							
С	C Enter the amount contributed by the employer to the plan for this plan year							
d								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		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 〉	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 of the PBGC?	under	the co				Yes 🎙	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.)						_	-
1	3c(1) Name of plan(s):		130	:(2) EII	۷(s)	13	ic(3) P	N(s)
							. /	. ,
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is i	establi	shed.			

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.	07/20/2011	ROBERT WAGNER					
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					

Page 2-

Benefit Plan Benefit Plan Important law This form is request to E4d upde scatch 1014 d065 of the Encloyee Reterment Incente Security Act (1014 (ERISA), security 2014) This form is copen to Public Important Security Act (1014 (ERISA), security 2014) Part II Annual Report Identification Information and exits 103142010 Part II Annual Report Identification Information and exits 103142010 Part II Annual Report Identification Information and exits 103142010 B This networkpoints for C first return-report and exits 103142010 B This networkpoints for C first return-report and exits 0 con-participant Pain C C check box if fing under: Form 5558 annual continuin 0 DFC program IARM ADDROV LLC A0100 PROPERT SHARING PLAN 10 Trace-digit pain number (CMI) 10 Trace-digit pain number (CMI) 0 DFC program IARM ADDROV LLC A0100 PROPERT SHARING PLAN 10 Trace-digit pain number (CMI) 10 Trace-digit pain number (CMI) 10 Trace-digit pain number (CMI) IARM ADDROV LLC A0100 PROPERT SHARING PLAN 10 Trace-digit pain number (CMI) 10 Trace-digit pain number (CMI) IARM ADDROV LLC A0100 PROPERT SHARIN		Form 5500-SF	Short Form Annual F	Return/F	Report of Small Emplo	yee	OMB Nos. 1210-0110 1210-0089	
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF

Form 5500-SF 2010

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Plan Characteristics Part IV

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 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:

10	During the plan year:		Yes	No		Ar	nount				
	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		х							
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)										
с	Was the plan covered by a fidelity bond?	10c	X					60000			
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.)										
f	Has the plan failed to provide any benefit when due under the plan?	10f		х							
a	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х							
-	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		х							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	nplete	Scheo	lule SE	3 (Forn	n 	Yes	X No			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						🗌 Yes	X No			
					CIVIOR	\{ . ,					
	(If "Yes " complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)			502 01		\!					
	(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 instru granting the waiver	ctions	, and e	enter ti	ne date	e of the	⊔ letter ru ear	lling			
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bellet, it is	s true, correct, and complete.	/	
SIGN	1 Cost allyn	1/18/11	ROBERT WAGNER
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