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).

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

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 06/01/2010)	and ending 0)4/28/2	2011
Α	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan
В	This return/report is for:	final retur	n/report		_
		short plar	year return/report (less than 12 mo	nths)	
C		extension	,	DFVC program	
	special extension (enter description		OMONOR		
Dr		,			
	art II Basic Plan Information—enter all requested information Name of plan	ition		1h	Three-digit
	MCO, INC. 401K PROFIT SHARING PLAN			10	nlan number
					(PN) • 001
				1c	Effective date of plan
				-	06/01/1999
	Plan sponsor's name and address (employer, if for single-employer p.MCO, INC.	plan)		2b	Employer Identification Number (EIN) 91-1526450
I IIXA	ino.			2c	Plan sponsor's telephone number
	7 RUSSELL ROAD				253-520-2522
	E 240 T, WA 98032			2d	Business code (see instructions)
20	Discontinuity in the control of the		. 11)	26	721110
PIRA	Plan administrator's name and address (if same as Plan sponsor, en MCO, INC. 24437 RUSSE			30	Administrator's EIN 91-1526450
	SUITE 240 KENT, WA 98	3032		3c	Administrator's telephone number
					253-520-2522
	f the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponsor		port filed for this plan, enter the	4b	EIN
	name, Em, and the plan number nom the last return/report. Sponsor	S Harrie		4c	PN
5a	Total number of participants at the beginning of the plan year			5a	77
b	Total number of participants at the end of the plan year			5b	0
С	Total number of participants with account balances as of the end of			0.0	
	complete this item)			5c	0
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		Yes No
b	. ,				X Yes ☐ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		Tes No
Pa	irt III Financial Information	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or and mast moteda use rorm so	00.	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
a	Total plan assets	7a	108873	3	0
	Total plan liabilities	7b			
С	Net plan assets (subtract line 7b from line 7a)	7c	108873	3	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:				Y-1
	(1) Employers	8a(1))	
	(2) Participants	8a(2)	5822	_	
	(3) Others (including rollovers)	8a(3)		2	
b	Other income (loss)	8b	2731	1	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			33133
d	Benefits paid (including direct rollovers and insurance premiums	04	142006	6	
_	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d		-	
e f	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	8e		\dashv	
t	Administrative service providers (salaries, fees, commissions)	8f		\dashv	
g	Other expenses (add lines 2d, 2e, 2f, and 2g)	8g			142006
n :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-108873
 	Net income (loss) (subtract line 8h from line 8c)	8i			100070
J	Transfers to (from) the plan (see instructions)	8j			

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		•	
Part IV	Plan	(`hara	cteristics
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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

) a	rt V Compliance Questions						
а	During the plan year:			Yes	No		Amount
-	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		10a		X		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		10b		X		
С	C Was the plan covered by a fidelity bond?		10c	Χ			1
d	d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)	f the benefits under the plan? (See	10e	X			
f	f Has the plan failed to provide any benefit when due under the plan	?	10f		X		
g	g Did the plan have any participant loans? (If "Yes," enter amount a	s of year end.)	10g		X		
h	h If this is an individual account plan, was there a blackout period? (2520.101-3.)		10h		X		
i	i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10.		10i				
rt	rt VI Pension Funding Compliance						
	Is this a defined benefit plan subject to minimum funding requirem 5500))						Yes X
?	! Is this a defined contribution plan subject to the minimum funding	requirements of section 412 of the Code	or se	ction 3	02 of E	ERISA?	Yes X
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applic	able.)					
	a If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	Mont					
-	If you completed line 12a, complete lines 3, 9, and 10 of Schedule.				401		
	b Enter the minimum required contribution for this plan year			. –	12b		
	Enter the amount contributed by the employer to the plan for this p	•			12c		
a	d Subtract the amount in line 12c from the amount in line 12b. Enter	the result (enter a minus sign to the lett (
	negative amount)				12d		
	-				<u> </u>	Yes	No 🗍
e	negative amount) Will the minimum funding amount reported on line 12d be met by to the minimum funding amount Transfers of Assets				<u> </u>	Yes	No
e rt ˈ	e Will the minimum funding amount reported on line 12d be met by t	ne funding deadline?				Yes	No No
e rt ˈ	e Will the minimum funding amount reported on line 12d be met by to rt VII Plan Terminations and Transfers of Assets	ne funding deadline?		L		Yes	
e rt ' a	 Will the minimum funding amount reported on line 12d be met by to the vision of the vis	ne funding deadline? n year or any prior year? mployer this year transferred to another plan, or brought u	under	the co	[Yes	X Yes
e rt a b	rt VII Plan Terminations and Transfers of Assets a Has a resolution to terminate the plan been adopted during the plan if "Yes," enter the amount of any plan assets that reverted to the ed Were all the plan assets distributed to participants or beneficiaries of the PBGC?	ne funding deadline? n year or any prior year? mployer this year transferred to another plan, or brought t	under	the co	13a ntrol	Yes	
ert a	rt VII Plan Terminations and Transfers of Assets a Has a resolution to terminate the plan been adopted during the plan if "Yes," enter the amount of any plan assets that reverted to the element of the PBGC?	ne funding deadline? n year or any prior year? mployer this year transferred to another plan, or brought t	under	the co	13a ntrol		X Yes
ert a	rt VII Plan Terminations and Transfers of Assets a Has a resolution to terminate the plan been adopted during the plan if "Yes," enter the amount of any plan assets that reverted to the element of the PBGC?	ne funding deadline? n year or any prior year? mployer this year transferred to another plan, or brought t	under	the co	13a ntrol		X Yes X Yes
e artia a b	rt VII Plan Terminations and Transfers of Assets a Has a resolution to terminate the plan been adopted during the plan if "Yes," enter the amount of any plan assets that reverted to the element of the PBGC?	ne funding deadline? n year or any prior year? mployer this year transferred to another plan, or brought t	under	the co	13a ntrol		X Yes X Yes
ert a	rt VII Plan Terminations and Transfers of Assets a Has a resolution to terminate the plan been adopted during the plan if "Yes," enter the amount of any plan assets that reverted to the element of the PBGC?	n year or any prior year? mployer this year transferred to another plan, or brought unit this plan to another plan(s), identify the sort will be assessed unless reasonable	under plar	the co	13a ntrol	N(s)	Yes Yes

SIGN	Filed with authorized/valid electronic signature.	08/30/2011	SCOTT BROWN				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	08/30/2011	SCOTT BROWN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponso				

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).

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

2010

OMB Nos. 1210-0110 1210-0089

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-	art I		Identification Information	<u> </u>						
For	the cal	endar plan year 2010	or fiscal plan year beginning	06/0	1/2010	and ending	04	/28/2011		
Α	This ret	urn/report is for:	x single-employer plan	multiple-e	mployer plan (r	not multiemployer)	Γ	one-participant plan		
В	This ret	urn/report is for:	first retum/report	x final return	n/report		-	. , , , , , , , , , , , , , , , , , , ,		
			an amended return/report		vear return/rer	port (less than 12 mont	the)			
C	Check I	oox if filing under:	Form 5558	=	extension	ore (1000 that) 12 mon] DEVC		
•	Onook i	oox ii iiiiig diidei.	special extension (enter descrip		exterision		L	DFVC program		
	GUNTY	D DI								
	art II Name		ormation enter all requested i	nformation.						
ıa		•						Three-digit blan number		
	PIRA	MCO, INC. 401K	PROFIT SHARING PLAN					PN) ▶ 001		
							1c Effective date of plan			
2a	Plan s	snonsor's name and add	dress (employer, if for single-employe	or plan)				06/01/1999		
		MCO, INC.	areas (employer, in for sargie-employe	o pian)				Employer Identification Number EIN) 91-1526450		
								Plan sponsor's telephone number		
		7 RUSSELL ROAD E 240					((253) 520-2522		
US	KENT		WA 98032					Business code (see instructions)		
3a	Plan a	dministrator's name an	d address (If same as plan employer	r, enter "Same")			Administrator's EIN		
	Same									
							3c /	Administrator's telephone number		
								·		
4	If the I	name and/or EIN of the	plan sponsor has changed since the	last return/ren	ort filed for this	plan enter the	4b EIN			
	name,	, EIN and the plan numi	ber from the last return/report. Spons	sor's Name		pian, onto the	4c F			
<u>5a</u>	Total	number of participants	at the beginning of the plan year					T		
b			at the end of the plan year				5a 5b	77		
C	Total	number of participants v	with account balances as of the end	of the plan yea	r (defined bene	fit plans do not	30			
<u></u>	compl	ete this item)			· · · · ·		5c	0		
oa b			during the plan year invested in eligib					Yes No		
IJ	under	29 CFR 2520.104-46?	the annual examination and report of (See instructions on waiver eligibility	an independer and conditions		elic accountant (IQPA)				
			ner 6a or 6b, the plan cannot use F			ead use Form 5500.		<u>K</u> resNo		
Pa	art III	Financial Infor	mation	······································						
7	Plan A	ssets and Liabilities			(a) Be	eginning of Year		(b) End of Year		
а	Total p	olan assets		7a		108,873	1	0		
b	Total p	olan liabilities		7b						
С	Net pla	an assets (subtract line	7b from line 7a)	7c		108,873		0		
8	Incom	e, Expenses, and Trans	sfers for this Plan Year		(a) Amount		(b) Total		
а		outions received or rece	eivable from:					THE RESTRICTION		
		nployers	• • • • • • • • • • • • • • • • • • • •	8a(1)		0				
		•				5,822	- 120			
b			s)			0	200			
			0-(0) 0-(0) 10(1)		A SAN THE WAY	27,311	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
d			8a(2), 8a(3), and 8b) rollovers and insurance premiums	· · 8c	阿蒙尼斯第			33,133		
			· · · · · · · · · · · · · · · · · · ·	· · 8d		142,006				
е			etive distributions (see instructions)							
f			ers (salaries, fees, commissions) .							
g		expenses	• • • • • • • • • • • • • • • • • • • •	8g						
h			8e, 8f, and 8g)					142,006		
i			e 8h from line 8c).					(108,873)		
i			ee instructions)				20010			
_		,, p.a (0	,				1000000			

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HERE Signature of employer/plan sponsor

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	t IV Plan Characteristics								
a	If the plan provides pension benefits, enter the applicable pension for 2E 2F 2J 2K 3E	eature codes from the	List of Plan Character	ristic	Codes	in the	instructions:		
b	2E 2F 2J 2K 3E If the plan provides welfare benefits, enter the applicable welfare fea	ature codes from the L	ist of Plan Characteris	stic C	odes i	n the ir	structions:		
-	0								
	t V Compliance Questions								
0	During the plan year:				Yes	No	Aı	mount	
а	Was there a failure to transmit to the plan any participant contributed 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)	tion within the time per	riod described in	10a		x			
b	Were there any nonexempt transactions with any party-in-interest	? (Do not include trans	actions reported						
	on line 10a.)			10b		x			
C	Was the plan covered by a fidelity bond?			10c	х				10,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		ж			
е	Were any fees or commissions paid to any brokers, agents, or other insurance services or other organization that provides some or all	or persons by an insura	ance carrier, he plan? (See						
	instructions.)			10e	x		//		482
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		x			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year end.)		10g		x			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instructions and 2	9 CFR • • • • • • • • • • • • • • • • • • •	10h		x			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required notice or o	ne of the	10i					
ar	VI Pension Funding Compliance								
1	Is this a defined benefit plan subject to minimum funding requirem 5500))	ents? (If "Yes," see in	structions and comple					Yes	X No
2	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applic		n 412 of the Code or	section	on 302	of ER	ISA?	Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver	ng amortized in this pla					date of the le		
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form 5500), and	skip to line 13.				'		
b	Enter the minimum required contribution for this plan year					12b			
C	Enter the amount contributed by the employer to the plan for this p				. [12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	the result (enter a mir	nus sign to the left of a	a • •	. [12d			
	Will the minimum funding amount reported on line 12d be met by t	the funding deadline?					Yes [No [N/A
art	Plan Terminations and Transfers of Assets	3							
За	, , , , , , , , , , , , , , , , , , ,				· <u>.</u>			X Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the e	mployer this year .		•		13a			0
b	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?	, transferred to anothe	r plan, or brought und	er the	e contr	ol			
С	If during this plan year, any assets or liabilities were transferred fro which assets or liabilities were transferred. (See instructions.)	m this plan to another	plan(s), identify the p	lan(s	· ·	• •	• • • •	x Yes	∐No
-	(3c(1) Name of plan(s):				12	c(2) El	N/a\	120/2)/	DN/a)
					13	C(2) E1	14(5)	13c(3) F	PIN(S)
auti	on: A penalty for the late or incomplete filing of this return/repo	rt will be assessed u	nless reasonable car	use is	s estal	blisher	i.	L	
nder B or	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well	I declare that I have e	xamined this return/re	eport.	includ	ing if a	opplicable a	Schedule	
elief,	it is frue, correct, and complete.				<u>, , , , , , , , , , , , , , , , , , , </u>		·	-	
SIG		8/16/11	Sott	A	BR	DUN	ن		
HEF	Signature of plan administrator	Date	Enter name of indi	vidua			olan administ	rator	
CIC		18/16/11	SCOTT		€.≺	P	1.00		

Date

Enter name of individual signing as employer or plan sponsor