Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).	2010		
Department of Labor Employee Benefits Security Administration	Complete all entries in accordance with the instructions to the Form 5500.	2010		
Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection		
Part I Annual Report Ider	tification Information			
For calendar plan year 2010 or fiscal	plan year beginning 01/01/2010 and ending 12/3	1/2010		
A This return/report is for:	a multiemployer plan; a multiple-employer plan; or			
·	X a single-employer plan; A DFE (specify)			
B This return/report is:	the first return/report; the final return/report;			
	an amended return/report; a short plan year return/report (less	han 12 months).		
C If the plan is a collectively-bargain	ed plan, check here			
D Check box if filing under:	Form 5558; automatic extension;	the DFVC program;		
	special extension (enter description)			
Part II Basic Plan Inform	nation—enter all requested information			
1a Name of plan PACIFIC RESEARCH LABORATORI	·	1b Three-digit plan number (PN) ►		
		1c Effective date of plan 01/01/1995		
2a Plan sponsor's name and addres (Address should include room or s PACIFIC RESEARCH LABORATORI		2b Employer Identification Number (EIN) 91-1127121		
	10221 SW 188TH ST.	2c Sponsor's telephone number 206-463-5551		
10221 SW 188TH ST. VASHON, WA 98070	2d Business code (see instructions) 326100			

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/17/2011	TOM BEALL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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Form 5500 (2010) v.092307.1

		-				
	Plan administrator's name and address (if same as plan sponsor, enter "Same")	3b Administrator's EIN				
PA	CIFIC RESEARCH LABORATORIES, INC					
	221 SW 188TH ST. SHON, WA 98070		ministrator's telephone mber			
V/		206	6-463-5551			
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN the plan number from the last return/report:	and	4b EIN			
а	Sponsor's name		4c PN			
5	Total number of participants at the beginning of the plan year	5	129			
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).					
_		0	100			
а	Active participants	6a	128			
b	Retired or separated participants receiving benefits	6b	1			
_		0.				
С	Other retired or separated participants entitled to future benefits	6c	6			
d	Subtotal. Add lines 6a, 6b, and 6c	6d	135			
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	1			
f	Total. Add lines 6d and 6e	6f	136			
a	Number of participants with account belances as of the and of the plan year (only defined contribution plane					
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	96			
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	1			
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7				

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Form 5500 (2010)

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 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:

9a Plan funding arrangement (check all that apply)			9b	Plan ben	efit	arrangement (check all that apply)	
	(1)		Insurance		(1)		Insurance
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts
	(3)	X	Trust		(3)	Х	Trust
	(4)		General assets of the sponsor		(4)		General assets of the sponsor
10	Check	all ap	plicable boxes in 10a and 10b to indicate which schedules are a	ttache	d, and, wl	here	e indicated, enter the number attached. (See instructions)
	- ·	-		l.		-	
a	Pensio	n Sc	hedules	b	General	Scl	hedules
a	(1)	n Sc	hedules R (Retirement Plan Information)	D	General (1)	Sci	hedules H (Financial Information)
a		n Sc		D		Sci	
a	(1)		 R (Retirement Plan Information) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan 	D	(1)		H (Financial Information)
a	(1)		R (Retirement Plan Information)MB (Multiemployer Defined Benefit Plan and Certain Money	D	(1) (2)		H (Financial Information)I (Financial Information – Small Plan)
a	(1)		 R (Retirement Plan Information) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan 	D	(1) (2) (3)		 H (Financial Information) I (Financial Information – Small Plan) A (Insurance Information)

SCHEDULE C	(Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Imployee Benefits Security Administration File as an attachment to Form 5500.			OMB No. 1210-0110	
Department of the Treasury				2010	
Employee Benefits Security Administration				Form is Open to Public Inspection.	
Pension Benefit Guaranty Corporation For calendar plan year 2010 or fiscal pla	an vear beginning 01/01/2010	and ending 12/31	/2010		
A Name of plan PACIFIC RESEARCH LABORATORIE	B Three-digit plan number (PN)	•	001		
C Plan sponsor's name as shown on li PACIFIC RESEARCH LABORATORIE	D Employer Identificati 91-1127121	on Number	(EIN)		
Part I Service Provider Info	rmation (see instructions)				
or more in total compensation (i.e., n plan during the plan year. If a person	rdance with the instructions, to report the infor noney or anything else of monetary value) in c n received only eligible indirect compensation include that person when completing the rema	connection with services rendered to for which the plan received the requ	the plan or	the person's position with the	
indirect compensation for which the pb If you answered line 1a "Yes," enter	ner you are excluding a person from the remain plan received the required disclosures (see ins the name and EIN or address of each person insation. Complete as many entries as needed	structions for definitions and conditio providing the required disclosures f	ns)	Yes 🛛 No	
(b) Enter na	me and EIN or address of person who provide	ed you disclosures on eligible indirec	t compensa	tion	
(b) Enter na	me and EIN or address of person who provide	ed you disclosure on eligible indirect	compensat	ion	
(b) Enter na	ne and EIN or address of person who provide	ed you disclosures on eligible indirec	t compensa	tion	
(b) Enter na	ne and EIN or address of person who provide	ed you disclosures on eligible indirec	t compensa	tion	

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)						
FIDELITY	INVESTMENTS INSTI	TUTIONAL				
04-264778	6					
(b) Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65	RECORDKEEPER	1175	Yes 🕅 No 🗌	Yes 🕅 No 🗌	0	Yes 🛛 No 🗌
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes 🗌 No 🗌	Yes 🗌 No 🗌		Yes 🗌 No 🗌

(a) Enter name and EIN or address (see instructions)

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
			Yes 🗌 No 🗍	Yes 🗌 No 🗌		Yes No

	(a) Enter name and EIN or address (see instructions)					
	1 .		· · ·			<i>"</i> »
(b) Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes 🗌 No 🗌
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes 🗌 No 🗍	Yes 🗌 No 🗌		Yes 🗌 No 🗍
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes 🗌 No 🗍	Yes 🗌 No 🗍		Yes No

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Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect	compensation, including any the service provider's eligibility
		the indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of indirect
	(see instructions)	compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect	compensation, including any
		the service provider's eligibility the indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of indirect
	(see instructions)	compensation
(d) Enter name and EIN (address) of source of indirect compensation	(a) Describe the indirect	compensation, including any
(a) Enter name and Env (address) of source of indirect compensation	formula used to determine	the service provider's eligibility
	for or the amount of t	the indirect compensation.

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Part II Service Providers Who Fail or Refuse to Provide Information						
4 Provide, to the extent possible, the following information for ea this Schedule.	ch service provide	r who failed or refused to provide the information necessary to complete				
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide				
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide				
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service	(C) Describe the information that the service provider failed or refused to provide				
	Code(s)					
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service	(C) Describe the information that the service provider failed or refused to provide				
	Code(s)					
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide				
(a) Enter name and EIN or address of service provider (see	(b) Nature of	(C) Describe the information that the service provider failed or refused to				
instructions)	Code(s)	provide				

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Part III	I Termination Information on Accountant (complete as many entries as needed)	s and Enrolled Actuaries (see instructions)
a Nan		b EIN:
	sition:	
	dress:	e Telephone:
Explana	ition:	
a Nan	me:	b EIN:
c Pos	sition:	
d Add	dress:	e Telephone:
Explana	ition:	
a Nan	me.	b EIN:
	sition:	
	dress:	e Telephone:
Explana	ition:	
a Nan		b EIN;
	sition:	C Tolophono:
u Add	dress:	e Telephone:

Explanation:

а	Name:	b EIN;
С	Position:	
d	Address:	e Telephone:

Explanation:

SCHEDULE H	Financial In	formatic	n			OMB No. 1210-0110			
(Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed un Retirement Income Security Act of 1974 Internal Revenue Co File as an attachm		2010 This Form is Open to Public Inspection						
For calendar plan year 2010 or fiscal plan	an year beginning 01/01/2010		and	ending	g 12/31/	2010			-
A Name of plan PACIFIC RESEARCH LABORATORIES	S, INC. 401(K) RETIREMENT PLAN			В	Three-dig plan num) 🕨		001
PACIFIC RESEARCH LABORATORIES, INC						Identifica 1	ation Numb	er (El	N)
the value of the plan's interest in a c lines 1c(9) through 1c(14). Do not e benefit at a future date. Round off a	Statement bilities at the beginning and end of the plan commingled fund containing the assets of m nter the value of that portion of an insurance amounts to the nearest dollar. MTIAs, CO s also do not complete lines 1d and 1e. See	ore than one e contract whi CTs, PSAs, ar	plan on a ich guarar	line-by	/-line basis during this	s unless ; plan ye	the value i ar, to pay a	is repo a spec	ortable on cific dollar
As	sets		(a) B	eginni	ng of Year	r	(b)	<u>End o</u>	f Year
a Total noninterest-bearing cash		1a							
b Receivables (less allowance for dou	ubtful accounts):								
(1) Employer contributions		1b(1)							
(2) Participant contributions		1b(2)							
(3) Other		1b(3)							
	money market accounts & certificates	1c(1)			g	2030			94183
(2) U.S. Government securities		1c(2)							
(3) Corporate debt instruments (of	ther than employer securities):								
(A) Preferred		1c(3)(A)							
(B) All other		1c(3)(B)							
(4) Corporate stocks (other than e	mployer securities):								
(A) Preferred		1c(4)(A)							
(B) Common		1c(4)(B)							
(5) Partnership/joint venture intere	ests	1c(5)							
(6) Real estate (other than employ	ver real property)	1c(6)							
(7) Loans (other than to participan	ts)	1c(7)							
(8) Participant loans		1c(8)			8	5422			89872
(9) Value of interest in common/co	ollective trusts	1c(9)							
(10) Value of interest in pooled sepa	arate accounts	1c(10)							
(11) Value of interest in master trus	t investment accounts	1c(11)							
. ,	estment entities	1c(12)							
 (13) Value of interest in registered i funds) (14) Value of funds held in insurance 		1c(13)			307	8836			3708023
	ce company general account (unallocated	1c(14)							
(15) Other		1c(15)							

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Schedule H (Form	5500) 2010

1d	Employer-related investments:	-	(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3256288	3892078
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	3256288	3892078

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	98435	
	(B) Participants	2a(1)(B)	316943	
	(C) Others (including rollovers)	2a(1)(C)	4416	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		419794
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	18	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	3886	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3904
	(2) Dividends: (A) Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	40174	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		40174
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		442240
С	Other income	2c		
d	Total income. Add all income amounts in column (b) and enter total	2d		906112
	Expenses			
е	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	269134	
	(2) To insurance carriers for the provision of benefits	2e(2)		
	(3) Other	2e(3)		
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		269134
f	Corrective distributions (see instructions)	2f		
g		2g		13
	Interest expense	2h	Ē	
i	Administrative expenses: (1) Professional fees	2i(1)		
•	(2) Contract administrator fees	2i(2)		
	(2) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)	1175	
		2i(5)		1175
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2j	-	270322
J	Total expenses. Add all expense amounts in column (b) and enter total	-,		
1.	Г	2k		635790
	Net income (loss). Subtract line 2j from line 2d	28	_	000700
I	Transfers of assets:	01(4)	_	
	(1) To this plan	21(1)	_	
	(2) From this plan	2l(2)		
Pa	art III Accountant's Opinion			
3	Complete lines 3a through 3c if the opinion of an independent qualified public ac attached.	countant is	attached to this Form 5500. Compl	ete line 3d if an opinion is not
a	The attached opinion of an independent qualified public accountant for this plan	is (see instr	ructions):	
	(1) Unqualified (2) Qualified (3) Disclaimer (4)	Adverse		
	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-	8 and/or 103	3-12(d)?	Yes No
C	Enter the name and EIN of the accountant (or accounting firm) below:			
	(1) Name: BDO		(2) EIN: 13-5381590	
ď	The opinion of an independent qualified public accountant is not attached becar (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attach		ext Form 5500 pursuant to 29 CFR	2520.104-50.

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Pa	rt IV	Compliance Questions				
4		and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4 2 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g, 4	4h, 4k, 4	m, 4n, or 5.	
	During	g the plan year:		Yes	No	Amount
а	period	here a failure to transmit to the plan any participant contributions within the time I described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures Illy corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	close secure	any loans by the plan or fixed income obligations due the plan in default as of the of the plan year or classified during the year as uncollectible? Disregard participant loans ed by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is ed.).	4b		x	
С		any leases to which the plan was a party in default or classified during the year as ectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	report	there any nonexempt transactions with any party-in-interest? (Do not include transactions ed on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is ed.)	4d		×	
е		his plan covered by a fidelity bond?	4e	Х		300000
f		e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused ud or dishonesty?	4f		X	
g		e plan hold any assets whose current value was neither readily determinable on an ished market nor set by an independent third party appraiser?	4g		X	
h		e plan receive any noncash contributions whose value was neither readily ninable on an established market nor set by an independent third party appraiser?	4h		X	
i		e plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, ee instructions for format requirements.)	4i		X	
j	value	any plan transactions or series of transactions in excess of 5% of the current of plan assets? (Attach schedule of transactions if "Yes" is checked, and structions for format requirements.)	4j		X	
k	Were	all the plan assets either distributed to participants or beneficiaries, transferred to another or brought under the control of the PBGC?	4k		X	
I	Has th	ne plan failed to provide any benefit when due under the plan?	41		X	
m		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	4m		x	
n		was answered "Yes," check the "Yes" box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	
5a		resolution to terminate the plan been adopted during the plan year or any prior plan year? enter the amount of any plan assets that reverted to the employer this year	Yes	×No	Amount:	
5b		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s) erred. (See instructions.)	, identif	y the pla	n(s) to which a	assets or liabilities were

SCHEDULE R	Retirement Plan Information			(OMB No. '	1210-011	0		
(Form 5500)		20	2010						
Department of the Treasury Internal Revenue Service		20	10						
Department of Labor	Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). This Form is Ope								
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	 File as an attachment to Form 5500. 				Inspe				
For calendar plan year 2010 or fiscal	plan year beginning 01/01/2010 and e	nding	12/31/	2010					
A Name of plan PACIFIC RESEARCH LABORATORIE	ES, INC. 401(K) RETIREMENT PLAN	В	Three-digit plan num (PN)			001			
C Plan sponsor's name as shown or PACIFIC RESEARCH LABORATORIE	n line 2a of Form 5500 ES, INC	D	Employer I 91-1127		tion Num	nber (EIN	N)		
Part I Distributions									
_	te only to payments of benefits during the plan year.								
	in property other than in cash or the forms of property specified in the		1					0	
	o paid benefits on behalf of the plan to participants or beneficiaries duri			ore than t	two, ente	er EINs o	of the	two	
payors who paid the greatest do			, .		,				
EIN(s): 04-6568107									
.	and stock bonus plans, skip line 3.			-					
	r deceased) whose benefits were distributed in a single sum, during the	•	3						
Part II Funding Informa ERISA section 302, sl	tion (If the plan is not subject to the minimum funding requirements o kip this Part)	f sect	ion of 412 (of the Inte	ernal Re	venue C	ode c	or	
4 Is the plan administrator making a	an election under Code section 412(d)(2) or ERISA section 302(d)(2)?			Yes		No		N/A	
If the plan is a defined benefit	t plan, go to line 8.								
	ing standard for a prior year is being amortized in this enter the date of the ruling letter granting the waiver. Date: Mont	h	[Day		Year			
	lete lines 3, 9, and 10 of Schedule MB and do not complete the ren			schedule) .				
	contribution for this plan year								
	d by the employer to the plan for this plan year		6b						
	6b from the amount in line 6a. Enter the result ft of a negative amount)		6c						
If you completed line 6c, skip	lines 8 and 9.								
7 Will the minimum funding amou	nt reported on line 6c be met by the funding deadline?			Yes		No		N/A	
automatic approval for the chan	thod was made for this plan year pursuant to a revenue procedure prov ge or a class ruling letter, does the plan sponsor or plan administrator a	agree	[Yes		No		N/A	
Part III Amendments									
_	on plan, were any amendments adopted during this plan								
	ed the value of benefits? If yes, check the appropriate	ase	Dec	rease	Вс	oth		No	
Part IV ESOPs (see ins skip this Part.	structions). If this is not a plan described under Section 409(a) or $4975(\epsilon)$	e)(7) c	of the Interr	al Rever	nue Cod	Э,			
10 Were unallocated employer sec	curities or proceeds from the sale of unallocated securities used to repay	y any	exempt loa	ın?		Yes		No	
11 a Does the ESOP hold any p	preferred stock?					Yes		No	
	nding exempt loan with the employer as lender, is such loan part of a "b tion of "back-to-back" loan.)					Yes		No	
	that is not readily tradable on an established securities market?				·····	Yes		No	
For Paperwork Reduction Act Not	ice and OMB Control Numbers, see the instructions for Form 5500.			Sc	hedule	R (Form		0) 2010 92308.1	

Page **2-**1

Pa	rt V	Ad	ditional Inforn	nation for N	lultiemplo	oyer	Defined Benef	it Pe	nsion Pl	ans	
13		nter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in Iollars). See instructions. Complete as many entries as needed to report all applicable employers.									
	а	Name of contributing employer									
	b	EIN C Dollar amount contributed by employer									
	d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year									
	e	<i>complete ite</i> (1) Contri	ms 13e(1) and 13 oution rate (in dolla	e(2).)	ne rate appli	es, ch	neck this box and	see ii	_	regarding required attachment. Otherwise,	
	_	()		, L	,		- · · · ·				
	a		tributing employe	r							
	b	EIN					C Dollar amour				
	d		0 0 0	•			tributes under more e, enter the applicat			tive bargaining agreement, check box	
	e	complete ite (1) Contri	ms 13e(1) and 13 oution rate (in dolla	e(2).)	ne rate appli	es, ch	neck this box and	see ii	_	regarding required attachment. Otherwise,	
	а	Name of cor	tributing employe	r							
	b	EIN					c Dollar amour	t cont	tributed by	employer	
	d		0 0 0				tributes under more e, enter the applical			tive bargaining agreement, check box	
	e	<i>complete ite</i> (1) Contri	ms 13e(1) and 13 oution rate (in dolla	e(2).)	ne rate appli	es, ch	neck this box and	see ii	_	regarding required attachment. Otherwise,	
	а	Name of cor	tributing employe	r							
	b	EIN	3 1 1				C Dollar amour	t con	tributed by	employer	
	d		0 0 0	•				than	one collec	tive bargaining agreement, check box	
_	e	<i>complete ite</i> (1) Contri	ms 13e(1) and 13 oution rate (in dolla	e(2).)	ne rate appli	es, ch	neck this box and	see ii	Other (s	regarding required attachment. Otherwise,	
	а	Name of cor	tributing employe	r							
	b	EIN					C Dollar amour	t con	tributed by	employer	
	d		0 0 0	•			tributes under more e, enter the applicat			tive bargaining agreement, check box	
	e	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):									
	а	Name of cor	tributing employe	r							
	b	EIN	· ·				c Dollar amour	t con	tributed by	employer	
	d						tributes under more e, enter the applical			tive bargaining agreement, check box	
	e	<i>complete ite</i> (1) Contri	ms 13e(1) and 13 oution rate (in dolla	e(2).)	ne rate appli	es, ch	neck this box and	see ii	nstructions	regarding required attachment. Otherwise,	

14	Enter the number of participants on whose behalf no co	ontributions were made by an	employer as an employer of the
----	--------------------------------------------------------	------------------------------	--------------------------------

	participant for:	
	a The current year	14a
	b The plan year immediately preceding the current plan year	14b
	C The second preceding plan year	14c
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to m employer contribution during the current plan year to:	nake an
	a The corresponding number for the plan year immediately preceding the current plan year	15a
	b The corresponding number for the second preceding plan year	15b
16	Information with respect to any employers who withdrew from the plan during the preceding plan year.	
	a Enter the number of employers who withdrew during the preceding plan year	16a
	b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, supplemental information to be included as an attachment.	
P	art VI Additional Information for Single-Employer and Multiemployer Defined Bene	efit Pension Plans
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see information to be included as an attachment	instructions regarding supplemental
19	If the total number of participants is 1,000 or more, complete items (a) through (c)	
	 a Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate: b Provide the average duration of the combined investment-grade and high-yield debt:% 	
	0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18 C What duration measure was used to calculate item 19(b)? Effective duration Macaulay duration Modified duration Other (specify):	3-21 years 21 years or more

Pacific Research Laboratories, Inc. 401(k) Retirement Plan

Financial Statements (and Supplemental Schedule) For the years ended December 31, 2010 and 2009

The report accompanying these financial statements was issued by BDO USA, LLP, a Delaware limited liability partnership and the U.S. member of BDO International Limited, a UK company limited by guarantee.



Pacific Research Laboratories, Inc. 401(k) Retirement Plan

Financial Statements (and Supplemental Schedule) For the years ended December 31, 2010 and 2009

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Tel: 206-624-2020 Fax: 206-624-7579 www.bdo.com 600 University Street, Suite 2528 1 Union Square Seattle, WA 98101

Independent Auditors' Report

Plan Committee Pacific Research Laboratories, Inc. 401(k) Retirement Plan Vashon, Washington

We were engaged to audit the financial statements of the Pacific Research Laboratories, Inc. 401(k) Retirement Plan (the "Plan") as of December 31, 2010, and for the year then ended, and the supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year). These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2009 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed the other auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated October 13, 2010, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements other than that derived from the information certified by the Trustee were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Information certified by the Trustee were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2010, and for the year then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BOD USA, LLP

October 10, 2011

BDO USA, LLP, a Delaware limited liability partnership, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

Financial Statements

Statements of Net Assets Available for Benefits

December 31,	2010	2009
Assets		
Investments, at fair value:		
Money market fund	\$ 94,183	\$ 92,030
Mutual funds	3,708,023	3,078,836
Total Investments	3,802,206	3,170,866
Receivables:		
Employer contributions receivable	1,168	5,067
Participant contributions receivable	2,990	15,888
Participant loans	89,872	85,422
Total Assets	3,896,236	3,277,243
Liabilities		
Excess contributions payable	-	1,078
Net Assets Available for Benefits	\$ 3,896,236	\$ 3,276,165

See accompanying independent auditors' report and notes to financial statements.

Pacific Research Laboratories, Inc. 401(k) Retirement Plan

Statements of Changes in Net Assets Available for Benefits

Years ended December 31,		2010	2009
Investment Income:			
Net appreciation in fair value of investments	\$	442,240	\$ 609,452
Dividend income		40,174	42,083
Interest income from participant loans		3,886	3,708
Interest income from investments		18	932
Total investment income		486,318	656,175
Contributions:			
Participants		308,448	293,854
Employer		94,536	90,424
Total contributions		402,984	384,278
Total Investment Income and Contributions		889,302	1,040,453
Deductions from Net Assets Attributed To:			
Benefits paid to participants		268,056	21,050
Administrative expenses		1,175	1,133
Total Deductions from Net Assets		269,231	22,183
Net Increase in Net Assets Available for Benefits		620,071	1,018,270
Net Assets Available for Benefits, at beginning of year		3,276,165	2,257,895
Net Assets Available for Benefits, at end of year	\$	3,896,236	\$ 3,276,165

See accompanying independent auditors' report and notes to financial statements.

1. Description of the Plan

The following description of the Pacific Research Laboratories, Inc. 401(k) Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a contributory, defined contribution 401(k) retirement plan available to qualifying employees of Pacific Research Laboratories, Inc. (the "Company"). The Plan was created on January 1, 1995. The Plan is intended to qualify under Sections 401(a) and 401(k) of the Internal Revenue Code ("IRC"). The purpose of the Plan is to enable eligible employees to save for retirement.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and is designed as an ERISA Section 404(c) plan. Accordingly, the participants, and not the Plan fiduciaries, are responsible for investment decisions relating to investments offered under the Plan. Plan assets are invested in accordance with participant directions in mutual funds and money market funds managed by Fidelity Management Trust Company ("Trustee") who holds the Plan's investments and executes investment transactions. To be eligible to participate in the Plan, an employee must have completed one year (1,000 hours) of service.

Contributions

Participants may contribute up to 60% of their annual eligible compensation with the contributions and earnings thereon nontaxable to the participant until withdrawn from the Plan. Matching contributions may be made at the discretion of the Company in an amount equal to a percentage the Company may deem appropriate. Employer match contributions are currently 50% of participant contributions up to 6% of their eligible compensation.

Participant Accounts

Each participant's account is credited with the participant's salary deferral contribution and an allocation of employer contributions, if any, Plan net earnings and losses and administrative expenses. Allocations are based on participant earnings or account balances, as defined by the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting

Participants are immediately vested in their voluntary contributions and any income or loss thereon. Participant vesting in Company contributions is based on the following schedule.

Completed Years of Service	Percentage Vested
Less than 2	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 or more	100%

Forfeitures

Forfeitures are retained in the Plan and may first be used to pay administrative expenses. Any remaining amounts will be used to reduce future employer contributions payable under the Plan. At December 31, 2010 and 2009, the Plan had no forfeited non-vested accounts. During the Plan year ended December 31, 2010 and 2009, no forfeitures were used to reduce Company contributions to the Plan.

Participant Loans

Participants may borrow from their account a minimum of \$1,000 up to a maximum of 50% of their vested account balance or \$50,000. Loans must generally be repaid over a period not to exceed five years pursuant to a level, fixed repayment schedule. Loans used for the purchase of a primary residence may be repaid over a longer period. Loans bear interest at a rate commensurate with prevailing commercial rates as determined by the Plan administrator (currently ranging from 3.25% to 8.25%). Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Upon termination of service due to death, disability, retirement, or separation, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or to have the balance rolled over into another qualified account. Additionally, under certain circumstances of financial hardship, the participant is allowed to withdraw funds from the Plan.

Administrative Expenses

Expenses are paid predominantly by the Company. Fees paid by the Company are not recorded by the Plan as a deduction from net assets available for benefits. Participants are charged for new loan setup fees on a per application basis. Those with outstanding loans pay an annual loan maintenance fee. In addition, participants are charged for express mail service on participant withdrawals and loan check delivery on a per check basis. Fees paid by the Plan to the custodian for administrative expenses were \$1,175 and \$1,133 for the years ended December 31, 2010 and 2009, respectively.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments in mutual funds and money market accounts are stated at fair value, using quoted market prices which represent the net asset values of the shares held at year-end. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The Plan presents in the statements of changes in net assets available for benefits, as income or loss, the net appreciation or depreciation in the fair value of its investments, which consists of the realized gains or losses and the unrealized annual appreciation or depreciation in those investments.

Participant Loans

Participant loans are valued at amortized cost, plus any accrued and unpaid interest, which approximates fair value.

New Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2010-06, *Fair Value Measurements and Disclosures*, which amends Accounting Standards Codification ("ASC") 820, adding new disclosure requirements for Levels 1 and 2 fair value measurements, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The Plan has adopted the guidance related to new disclosure requirements for Level 1 and 2 fair value measurements. The application of the guidance of Level 3 activity will only affect disclosures and therefore will not significantly impact the Plan's financial statements.

In September 2010, the FASB issued ASU 2010-025, which amends ASC 962-310, *Receivables*. The update clarifies classification and measurement of participant loans by defined contribution pension plans and requires that participant loans be classified as notes receivable from participants and measured at their unpaid principal balance, plus any accrued but unpaid interest. The Plan adopted this new guidance in its December 31, 2010 financial statements and has reclassified participant loans of \$89,872 and \$85,422 as of December 31, 2010 and 2009, respectively, from investments to notes receivable from participants. Net assets of the plan were not affected by the adoption of the new guidance.

In May 2011, the FASB issued Accounting Standards Update ("ASU") 2011-04, Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs (ASU 2011-04). ASU 2011-04 amended ASC 820, Fair Value Measurements and Disclosures (ASC 820), to provide a consistent definition of fair value and improve the comparability of fair value measurements presented and disclosed in financial statements prepared in accordance with U.S. GAAP and International Financial Reporting Standards ("IFRS"). Some of the amendments clarify the application of existing fair value measurement and disclosure requirements, while other amendments change a particular principle or requirement for measuring fair value or disclosing information about fair value measurements. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently

evaluating the effect that the provisions of ASU 2011-04 will have on the Plan's financial statements.

Payment of Benefits

Benefits are recorded when paid.

3. Information Certified by the Plan's Trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedule of assets (held at end of year) is complete and accurate.

December 31,	2010	2009
Money market fund	\$ 94,183 \$	92,030
Mutual funds	3,708,023	3,078,836
	\$ 3,802,206 \$	3,170,866
Years ended December 31,	2010	2009
Interest and dividend income	\$ 40,192 \$	43,015
Interest income from participant loans	3,886	3,708
Net appreciation in fair value of investments	442,240	609,452
	\$ 486,318 \$	656,175

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

4. Fair Value Measurements

U.S. GAAP has established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to observable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

Level 1: Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2: Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3: Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following table sets forth by level within the fair value hierarchy the Plan's investment assets at fair value, as of December 31, 2010 and 2009. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

	Investment Assets at Fair Value as of December 31, 2010						
		Level 1	Level 2		Level 3		Total
Money market fund	\$	94,183	-		-	\$	94,183
Mutual funds							
Large growth		2,117,474	-		-		2,117,474
Large blend		1,011,032	-		-		1,011,032
Large value		27,408	-		-		27,408
Bond		552,109	-		-		552,109
Total mutual funds		3,708,023	-		-		3,708,023
Total investments, at fair value	\$	3,802,206 \$	-	\$	-	\$	3,802,206

Investment Assets at Fair Value as of December 31, 2009 Level 2 Level 1 Level 3 Total Money market fund \$ 92,030 \$ 92,030 Mutual funds 3,078,836 _ 3,078,836 -_ Total investments, at fair value \$ 3,170,866 \$ \$ \$ 3,170,866

Mutual funds are valued at quoted market prices which represent the value of shares held by the Plan at year end.

5. Investments

The following presents the fair value of investments that represent five percent or more of net assets available for benefits:

December 31,		2010	2009
Fidelity Contrafund	\$	907,172	822,788
Fidelity Advisor Investment Growth Bond	Ψ	552,109	549,114
Fidelity Growth & Income		500,909	465,789
Fidelity Blue Chip Growth		1,197,013	872,041
Other *		645,003	461,134

* Investments do not individually represent more than 5% of net assets

6. Reconciliation of Financial Statements to Form 5500

A reconciliation of the financial statements to the Form 5500 is as follows:

December 31,	2010
Statement of Net Assets Available for Plan Benefits:	
Net assets available for plan benefits per the financial statements Less: Receivables - Employer contributions Receivables - Participant contributions	\$ 3,896,236 (1,168) (2,990)
Net Assets Available for Plan Benefits per the Form 5500	\$ 3,892,078
For the year ended December 31,	2010
Statement of Changes in Net Assets Available for Plan Benefits:	
Increase in net assets available for plan benefits per the financial statements Less: Receivables - Employer contributions Receivables - Participant contributions Prior year excess contributions Add: Receivables - Prior year employer contributions Receivables - Prior year participant contributions	\$ 620,071 (1,168) (2,990) (1,078) 5,067 15,888
Net Income per the Form 5500	\$ 635,790

7. Party-in-Interest Transactions

Certain Plan investments are shares of a mutual fund and money market fund managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore, related transactions are party-in-interest transactions.

8. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants' accounts will become fully vested.

9. Income Tax Status

In a letter dated December 5, 2001, the Internal Revenue Service has determined that the prototype plan document used by the Plan is qualified under the appropriate sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes is recorded in the accompanying financial statements.

10. Subsequent Events

The Plan has evaluated subsequent events through October 10, 2011, which is the date that the financial statements were available to be issued.

Supplemental Schedule

Pacific Research Laboratories, Inc. 401(k) Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2010

Employer Identification Number: 91-1127121 Plan Number: 001 Schedule H, Line 4i - Form: 5500

	(b)	(c) Description of Investment, Including			
	Identity of Issuer, Borrower,	Maturity Date, Rate of Interest,	(d)		(e)
(a)	Lessor or Similar Party	Collateral, Par, or Maturity Value	Cost		Market Value
	Mutual Funds				
*	FIDELITY CONTRAFUND	13,393.953 Shares	**	\$	907,172
*	FIDELITY INVST GR BD	74,710.313 Shares	**	Ψ	552,109
*	FIDELITY GROWTH & INCOME	27,372.052 Shares	**		500,909
*	FIDELITY INTL DISCOVERY	402.224 Shares	**		13,289
*	FIDELITY BLUE CHIP GROWTH	26,394.992 Shares	**		1,197,013
*	FIDELITY FREEDOM INCOME	3,873.007 Shares	**		43,688
*	FIDELITY FREEDOM 2000	168.756 Shares	**		2,015
*	FIDELITY FREEDOM 2010	9,135.016 Shares	**		124,145
*	FIDELITY FREEDOM 2015	4,952.844 Shares	**		56,165
*	FIDELITY FREEDOM 2020	11,467.442 Shares	**		158,136
*	FIDELITY FREEDOM 2025	1,837.835 Shares	**		21,172
*	FIDELITY FREEDOM 2030	282.396 Shares	**		3,889
*	FIDELITY FREEDOM 2035	8,601.512 Shares	**		98,659
*	FIDELITY FREEDOM 2040	22.873 Shares	**		183
*	FIDELITY FREEDOM 2045	65.846 Shares	**		625
*	FIDELITY FREEDOM 2050	154.110 Shares	**		1,446
*	FIDELITY LARGE CAP VALUE	2,605.350 Shares	**		27,408
ſ	Money Market Account				
*	FIDELITY RETIRE MMKT	94,183.470 shares	**		94,183
F	Participant Loans				
*		3.25 - 8.25 % interest, secured by participant account balance, repaid in bi-weekly installments, maturing			
		through October 2015.	**		89,872
-	Fotal Assets Held at End of Year			\$	3,892,078
*	A Party in Interest as defin			Ŧ	-,-,-,-,-,

A Party in Interest as defined by ERISA

** The cost of participant-directed investments is not required to be disclosed.