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).	
Department of Labor Employee Benefits Security Administration	<ul> <li>Complete all entries in accordance with the instructions to the Form 5500.</li> </ul>	2010
Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection
Part I Annual Report Iden	tification Information	
For calendar plan year 2010 or fiscal	blan year beginning 01/01/2010 and ending 12/31/2	2010
A This return/report is for:	a multiemployer plan; a multiple-employer plan; or	
	X a single-employer plan; A DFE (specify)	
<b>B</b> This return/report is:	the first return/report; the final return/report;	
	an amended return/report; a short plan year return/report (less t	han 12 months).
<b>C</b> If the plan is a collectively-bargaine	ed plan, check here	ъП
<b>D</b> 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	
<b>1a</b> Name of plan RED DOT CORPORATION 401(K) Pl	·	<b>1b</b> Three-digit plan number (PN) ▶
		<b>1c</b> Effective date of plan 07/01/1998
2a Plan sponsor's name and address (Address should include room or s RED DOT CORPORATION	s (employer, if for a single-employer plan) suite no.)	<b>2b</b> Employer Identification Number (EIN) 91-0784146
		<b>2c</b> Sponsor's telephone number 206-575-3840
PO BOX 58270495 ANDOVER PARK EASTSEATTLE, WA 98138SEATTLE, WA 98138		<b>2d</b> Business code (see instructions) 332900

#### 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.	12/06/2012	RICK BOMAN
	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

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

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	Plan administrator's name and address (if same as plan sponsor, enter "Same") K BOMAN		<b>3b</b> Administrator's EIN 91-0784146		
	ANDOVER PARK EAST ATTLE, WA 98138	nu	<b>3c</b> Administrator's telephone number 206-575-3840		
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		<b>4c</b> PN		
5	Total number of participants at the beginning of the plan year	5	378		
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).				
а	Active participants	6a	364		
b	Retired or separated participants receiving benefits	6b	0		
С	Other retired or separated participants entitled to future benefits	6c	21		
d	Subtotal. Add lines 6a, 6b, and 6c	6d	385		
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0		
f	Total. Add lines 6d and 6e	6f	385		
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	192		
	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			

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

9a	<b>9a</b> Plan funding arrangement (check all that apply)			<b>9b</b> Plan benefit 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)	×	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	ittache	ed, and, w	here	e indicated, enter the number attached. (See instructions)
а	Pensio	n Sc	hedules	b	General	Scl	hedules
а	Pensio (1)	n Sc	hedules R (Retirement Plan Information)	b	General (1)	I Scl	hedules H (Financial Information)
а		n Sc		b		Scl	
а	(1)	n Sc	<ul> <li>R (Retirement Plan Information)</li> <li>MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan</li> </ul>	b	(1)		H (Financial Information)
a	(1)	n Sc	<ul><li>R (Retirement Plan Information)</li><li>MB (Multiemployer Defined Benefit Plan and Certain Money</li></ul>	b	(1) (2)	Sci	<ul><li>H (Financial Information)</li><li>I (Financial Information – Small Plan)</li></ul>
а	(1)	n Sc	<ul> <li>R (Retirement Plan Information)</li> <li>MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan</li> </ul>	b	(1) (2) (3)	Sci	<ul> <li>H (Financial Information)</li> <li>I (Financial Information – Small Plan)</li> <li>A (Insurance Information)</li> </ul>

(Form 5500) Department of the Treasury Internal Revenue Service	SCHEDULE C Service Provider Information			OMB No. 1210-0110	
				2010	
	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).			2010	
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	File as an attachmen	t to Form 5500.	This F	orm is Open to Public Inspection.	
For calendar plan year 2010 or fiscal plan	n year beginning 01/01/2010	and ending 12/3	31/2010	-	
A Name of plan		B Three-digit		002	
RED DOT CORPORATION 401(K) PLA	Ν	plan number (PN)	•	002	
	- 0 ( <b>F F</b> -00	D. Freelowerkitest"	dan Nimakan	(=181)	
C Plan sponsor's name as shown on lin	le 2a of Form 5500	D Employer Identifica	ation Number	(EIN)	
RED DOT CORPORATION		91-0784146			
Part I Service Provider Info	rmation (see instructions)				
plan during the plan year. If a person answer line 1 but are not required to in	oney or anything else of monetary value) in or received only eligible indirect compensation nclude that person when completing the rem ceiving Only Eligible Indirect Com	n for which the plan received the re ainder of this Part.			
<ul><li>indirect compensation for which the pl</li><li>b If you answered line 1a "Yes," enter t</li></ul>	er you are excluding a person from the rema an received the required disclosures (see ins he name and EIN or address of each person sation. Complete as many entries as needer	structions for definitions and condit	ions)	Yes No	
				41.0.0	
	ne and EIN or address of person who provide	ed you disclosures on eligible indire	ect compensa	tion	
STANCORP FINANCIAL GROUP 93-1253576					
(b) Enter par	ne and EIN or address of person who provid	ed vou disclosure on eliaible indire	ct compensat	ion	
				-	
(b) Enter nam	ne and EIN or address of person who provide	ed you disclosures on eligible indire	ect compensa	tion	
(b) Enter nam	ne and EIN or address of person who provide	ed you disclosures on eligible indire	ect compensa	tion	
	ne and EIN or address of person who provide ne and EIN or address of person who provide				

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

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

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

#### Page 3

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 in	nstructions)
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STANCORP FINANCIAL GROUP

#### 93-1253576

(b)	(C)	(d)	(e)	(f)	(g)	(h)		
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect	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	Did the service provider give you a formula instead of an amount or estimated amount?		
12 15 18 19 50 59 60	NONE	48554	Yes 🏋 No 🗌	Yes 🗌 No 🕅	2432	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	Enter direct compensation paid 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			
			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)			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>(b)</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>(b)</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

Page <b>5-</b>	1
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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	
STANCORP FINANCIAL GROUP	19 60	2343	
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine for or the amount of	compensation, including any e the service provider's eligibility the indirect compensation.	
RELIANCE	SUBTAS		
58-1428634			
(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	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.	
(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	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.	

Page <b>6-</b>	1
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Part II Service Providers Who Fail or Refuse to Provide Information						
<b>4</b> 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)
<b>a</b> Nan		<b>b</b> EIN:
	sition:	
	dress:	e Telephone:
Explana	ition:	
<b>a</b> Nan	me:	<b>b</b> EIN:
<b>c</b> Pos	sition:	
<b>d</b> Add	dress:	e Telephone:
Explana	ition:	
<b>a</b> Nan	me.	<b>b</b> EIN:
	sition:	
	dress:	e Telephone:
Explana	ition:	
a Nan		b EIN;
	sition:	C Tolophono:
u Add	dress:	e Telephone:

Explanation:

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

Explanation:

SCHEDULE D DFE/Participating Plan Information (Form 5500)				OMB No. 1210-0110				
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).					2010		
Department of Labor Employee Benefits Security Administration			e as an attachment to Form 5500.				n is Open to nspection.	o Public
For calendar plan year 2010 or fiscal	olan year beginning	01/	01/2010 and	d end	ding 12/3	31/2010		
A Name of plan RED DOT CORPORATION 401(K) PL	AN			В	Three-digit plan numb	er (PN)	00	)2
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 RED DOT CORPORATION			0	D	Employer Id 91-0784140	dentification Nu	mber (EIN)	
	entries as needed	to r	PSAs, and 103-12 IEs (to be con eport all interests in DFEs)	mpl	eted by pla	ans and DFE	Es)	
<b>b</b> Name of sponsor of entity listed in	RELIANCE TR							
<b>C</b> EIN-PN 52-4128634-011	<b>d</b> Entity C code	е	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		, or		60109	57
a Name of MTIA, CCT, PSA, or 103-	12 IE:							
<b>b</b> Name of sponsor of entity listed in								
C EIN-PN	<b>d</b> Entity code	е	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		, or			
a Name of MTIA, CCT, PSA, or 103-	12 IE:							
<b>b</b> Name of sponsor of entity listed in	(a):							
C EIN-PN	<b>d</b> Entity code	е	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		, or			
a Name of MTIA, CCT, PSA, or 103-	12 IE:							
<b>b</b> Name of sponsor of entity listed in	(a):							
C EIN-PN	<b>d</b> Entity code	е	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		, or			
a Name of MTIA, CCT, PSA, or 103-	12 IE:							
<b>b</b> Name of sponsor of entity listed in	(a):							
C EIN-PN	<b>d</b> Entity code	е	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		, or			
a Name of MTIA, CCT, PSA, or 103-	12 IE:							
<b>b</b> Name of sponsor of entity listed in	(a):							
C EIN-PN	<b>d</b> Entity code	е	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		, or			
a Name of MTIA, CCT, PSA, or 103-	12 IE:							
<b>b</b> Name of sponsor of entity listed in	(a):							
C EIN-PN	d Entity code	е	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		, or			rm 5500) 2010

s, ons for Form 5500.

Schedule D (Form 5500) 2	2010	Page <b>2-</b>					
<b>a</b> Name of MTIA, CCT, PSA, or 103	-12 IE:						
<b>b</b> Name of sponsor of entity listed in	<b>b</b> Name of sponsor of entity listed in (a):						
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)					
<b>a</b> Name of MTIA, CCT, PSA, or 103	-12 IE:						
<b>b</b> Name of sponsor of entity listed in	n (a):						
C EIN-PN	<b>d</b> Entity code	<ul> <li>Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</li> </ul>					
<b>a</b> Name of MTIA, CCT, PSA, or 103	-12 IE:						
<b>b</b> Name of sponsor of entity listed in	n (a):						
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)					
<b>a</b> Name of MTIA, CCT, PSA, or 103	-12 IE:						
<b>b</b> Name of sponsor of entity listed in	n (a):						
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)					
<b>a</b> Name of MTIA, CCT, PSA, or 103	-12 IE:						
<b>b</b> Name of sponsor of entity listed in	n (a):						
C EIN-PN	<b>d</b> Entity code	<ul> <li>Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</li> </ul>					
a Name of MTIA, CCT, PSA, or 103	-12 IE:						
<b>b</b> Name of sponsor of entity listed in	n (a):						
C EIN-PN	<b>d</b> Entity code	<ul> <li>Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</li> </ul>					
<b>a</b> Name of MTIA, CCT, PSA, or 103	-12 IE:						
<b>b</b> Name of sponsor of entity listed in	n (a):						
C EIN-PN	d Entity code	<ul> <li>Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</li> </ul>					
<b>a</b> Name of MTIA, CCT, PSA, or 103	-12 IE:						
<b>b</b> Name of sponsor of entity listed in	n (a):						
C EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)					
<b>a</b> Name of MTIA, CCT, PSA, or 103	-12 IE:						
<b>b</b> Name of sponsor of entity listed in	n (a):						
C EIN-PN	<b>d</b> Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)					
<b>a</b> Name of MTIA, CCT, PSA, or 103	-12 IE:						
<b>b</b> Name of sponsor of entity listed in	n (a):						
C EIN-PN	<b>d</b> Entity code	<ul> <li>Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</li> </ul>					

Page **3-**

Ρ	Part II	Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)		
а	Plan na	me		
b	Name o plan spo		С	EIN-PN
а	Plan na	me		
b	Name o plan spo		С	EIN-PN
а	Plan na	me		
b	Name o plan spo		C	EIN-PN
а	Plan na	me		
b	Name o plan spo		C	EIN-PN
а	Plan na	me		
b	Name o plan spo		С	EIN-PN
	Plan na			
b	Name o plan spo		С	EIN-PN
	Plan na			
b	Name o plan spo		С	EIN-PN
а	Plan na	me		
b	Name o plan spo		С	EIN-PN
	Plan na			
b	Name o plan spo		С	EIN-PN
	Plan na			
b	Name o plan spo		C	EIN-PN
	Plan na			
b	Name o plan spo		C	EIN-PN
а	Plan na	me		
b	Name o plan spo		С	EIN-PN

SCHEDULE H	Financial Information					OMB No. 121	J-0110	
(Form 5500) Department of the Treasury Internal Revenue Service Department of Labor	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).					2010		
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	File as an attachm	ent to Form	5500.			This	Form is Ope	
For calendar plan year 2010 or fiscal pla	an year beginning 01/01/2010		and	endin	g <u>12/31</u>	/2010		
A Name of plan RED DOT CORPORATION 401(K) PLA	N			В	Three-dig	,		002
					plan num	ber (PN)	•	002
C Plan sponsor's name as shown on li	ne 2a of Form 5500			D	Employer	Identificat	tion Number (	EIN)
RED DOT CORPORATION				9	91-078414	6		
Part L Assot and Liability S	Statement							
Part I Asset and Liability S Current value of plan assets and liab	bilities at the beginning and end of the plan	voar Combir	o tho volu	o of p	lan accoto	hold in m	oro than ono	
the value of the plan's interest in a c lines 1c(9) through 1c(14). Do not en benefit at a future date. <b>Round off a</b>	commingled fund containing the assets of m nter the value of that portion of an insurance amounts to the nearest dollar. MTIAs, CO is also do not complete lines 1d and 1e. See	hore than one e contract wh CTs, PSAs, a	plan on a iich guaran nd 103-12	line-b itees,	y-line basi during this	s unless t s plan yea	he value is re ir, to pay a sp	portable on ecific dollar
As	sets		<b>(a)</b> B	eginni	ng of Yea	r	<b>(b)</b> End	l of Year
a Total noninterest-bearing cash		1a				0		
<b>b</b> Receivables (less allowance for dou	ibtful accounts):							
(1) Employer contributions		1b(1)						_
(2) Participant contributions		1b(2)						
(3) Other		1b(3)						
	money market accounts & certificates	1c(1)			1'	12060		125231
(2) U.S. Government securities		1c(2)						
(3) Corporate debt instruments (ot	her 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	sts	1c(5)						
(6) Real estate (other than employ	er real property)	1c(6)						
(7) Loans (other than to participant	ts)	1c(7)						
(8) Participant loans		1c(8)			18	34163		153467
(9) Value of interest in common/co	Ilective trusts	1c(9)			453	38502		5261455
(10) Value of interest in pooled sepa	arate accounts	1c(10)						
(11) Value of interest in master trus	t investment accounts	1c(11)						
(12) Value of interest in 103-12 inve	estment entities	1c(12)						
<ul> <li>(13) Value of interest in registered in funds)</li> <li>(14) Value of funds hold in insurance</li> </ul>		1c(13)			49	00927		624283
	e company general account (unallocated	1c(14)						
(15) Other		1c(15)						

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

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	5325652	6164436
	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	0	0
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	5325652	6164436

# 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>(b)</b> Total
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	530237	
	(C) Others (including rollovers)	2a(1)(C)	5151	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		535388
b	Earnings on investments:			
	(1) Interest:			
	<ul> <li>(A) Interest-bearing cash (including money market accounts and certificates of deposit)</li> </ul>	2b(1)(A)	132	
	(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)	9732	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9864
	(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)		
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
	(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)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
<ul> <li>(C) Total unrealized appreciation of assets.</li> <li>Add lines 2b(5)(A) and (B)</li> </ul>	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		524468
(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)		69731
C Other income	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total	2d		1139451
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	251779	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines <b>2e(1)</b> through (3)	2e(4)		251779
f Corrective distributions (see instructions)			334
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	48554	
(2) Contract administrator fees			
(3) Investment advisory and management fees	2:(2)		
(4) Other			
(5) Total administrative expenses. Add lines 2i(1) through (4)	0:(5)		48554
j Total expenses. Add all expense amounts in column (b) and enter total		-	300667
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		838784
Transfers of assets:			
(1) To this plan			
(2) From this plan	21(2)		
Part III Accountant's Opinion			
3 Complete lines 3a through 3c if the opinion of an independent qualified public	accountant is attache	d to this Form 5500. Compl	ete line 3d if an opinion is not
attached.			
<b>a</b> The attached opinion of an independent qualified public accountant for this planet.	an is (see instructions	):	
(1) Unqualified (2) Qualified (3) $\stackrel{\times}{}$ Disclaimer (4)	Adverse		
$\boldsymbol{b}$ Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.10	03-8 and/or 103-12(d)	?	X Yes No
<b>C</b> Enter the name and EIN of the accountant (or accounting firm) below:			
(1) Name: MOSS ADAMS LLP	(2)	EIN: 91-0189318	
<b>d</b> The opinion of an independent qualified public accountant is <b>not attached</b> be (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be atta		n 5500 pursuant to 29 CFR 2	2520.104-50.

Page 4-

Pa	rt IV Compliance Questions				
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g,	4h, 4k, 4	m, 4n, or 5.	
	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4a 4b		x	
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		x	
е	Was this plan covered by a fidelity bond?	4e	Х		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	Х		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		x	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		x	
I	Has the plan failed to provide any benefit when due under the plan?	41		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year	Yes	s 🛛 No	Amount:	
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s) transferred. (See instructions.)	, ident	ify the pla	an(s) to which a	assets or liabilities were
	5b(1) Name of plan(s)			5b(2) EIN(s)	<b>5b(3)</b> PN(s)
		1			

<b>Sb(1)</b> Name of plan(s)	<b>3D(2)</b> EIN(S)	<b>30(3)</b> PIN(S)

	SC	HEDULE R	R	Retirement Pla	n Informa	tion			OMB No. 1210-011	0	
	•	Form 5500)		le is required to be filed		2010					
	Inte	rnal Revenue Service epartment of Labor		etirement Income Securi 058(a) of the Internal Re			ction				
E	Employee Be	enefits Security Administration		File as an attachr	ment to Form 55	00.		This	Form is Open to Inspection.	Public	
For		r plan year 2010 or fiscal p	olan year beginning	01/01/2010		and endin	g 12/	31/2010			
A N RED	lame of p DOT CC	olan DRPORATION 401(K) PLA	AN			В	Three-c plan n (PN)	0	002		
C F RED	Plan spor DOT CC	nsor's name as shown on li DRPORATION	line 2a of Form 550	0		D		er Identific '84146	ation Number (EII	N)	
Pa	art I	Distributions									
All	referenc	es to distributions relate	e only to payments	s of benefits during the	e plan year.						
1		alue of distributions paid in ions						1		0	
2		ne EIN(s) of payor(s) who p who paid the greatest dolla			ipants or benefic	aries during th	ne year (if	more than	n two, enter EINs o	of the two	
	EIN(s	00.0040000		,							
		sharing plans, ESOPs, ar	nd stock bonus pl	ans, skip line 3.				-			
3	Numbe	r of participants (living or c	deceased) whose b	enefits were distributed							
P	art II	Funding Informati	<b>ion</b> (If the plan is r					3 I2 of the In	ternal Revenue C	ode or	
4	la tha n	ERISA section 302, skip	, ,		NEA agetion 202(a	)(2)2		Yes	No	N/A	
-		lan administrator making an Ian is a defined benefit p			ISA Section 302(C	)(∠) :					
5	If a wai	ver of the minimum funding ar, see instructions and en	ng standard for a pri	, .		e: Month		Dav	Year		
	lf you o	completed line 5, comple	ete lines 3, 9, and 1	10 of Schedule MB and	d do not comple	te the remain	der of th	•			
6	<b>a</b> Ent	er the minimum required c	contribution for this	plan year				6a			
	<b>b</b> Ent	er the amount contributed	I by the employer to	the plan for this plan ye	ear			6b			
		otract the amount in line 6b ter a minus sign to the left						6c			
	lf you o	completed line 6c, skip li	ines 8 and 9.								
7	Will the	e minimum funding amount	t reported on line 60	c be met by the funding	deadline?			Yes	No	N/A	
8	automa	inge in actuarial cost metho itic approval for the change e change?	e or a class ruling le	etter, does the plan spor	nsor or plan adm	nistrator agre	e	Yes	No	<b>N/A</b>	
Pa	art III	Amendments									
9	year th	s a defined benefit pension at increased or decreased	the value of benefi	its? If yes, check the app	propriate	Increase	Пг	Decrease	Both	No	
Ра	rt IV			ot a plan described und							
10	Were	skip this Part.	irities or proceeds fr	rom the sale of unalloca	ted securities use	ed to renav an	v exemnt	loan?	Yes	No	
11		oes the ESOP hold any pre	•				/ /			No	
- •	<b>b</b> If	the ESOP has an outstance see instructions for definition	ding exempt loan w	ith the employer as lend	der, is such loan p	part of a "back	-to-back"	loan?	 ∏ Yes	No	
12		ne ESOP hold any stock th		,						No	
		ork Reduction Act Notice	-						chedule R (Form	n 5500) 2010	

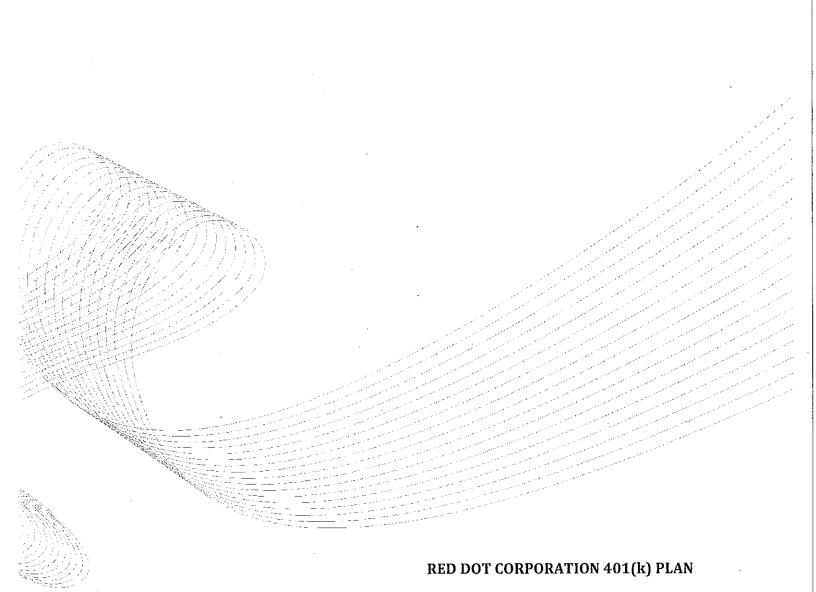
v.092308.1	

Page **2-**1

Pa	rt V	Ad	ditional Inforn	nation for N	lultiemplo	oyer	<b>Defined Benef</b>	it Pe	nsion Pl	ans	
13							nore than 5% of tota o report all applicab			o the plan during the plan year (measured in	
	а	Name of cor	tributing employe	r							
	b	EIN					<b>c</b> Dollar amour	t cont	tributed by	employer	
	d	Date collective bargaining agreement expires ( <i>If employer contributes under more than one collective bargaining agreement, check box</i> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year									
	e	Contribution rate information ( <i>If more than one rate applies, check this box</i> 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):									
	_	( )		, 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:									
	а	Name of cor	tributing employe	r							
	b	EIN	· ·				<b>c</b> 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>b</b> The plan year immediately preceding the current plan year	14b
	<b>C</b> 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 ma employer contribution during the current plan year to:	ake an
	<b>a</b> The corresponding number for the plan year immediately preceding the current plan year	15a
	<b>b</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>b</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	16b
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, o supplemental information to be included as an attachment.	
Pa	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	fit 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 i 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)	
	<ul> <li>a Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate:</li> <li>b Provide the average duration of the combined investment-grade and high-yield debt:</li> </ul>	% Other:%
	0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-	-21 years 21 years or more
	C What duration measure was used to calculate item 19(b)? Effective duration Macaulay duration Modified duration Other (specify):	



Report of Independent Auditors and Financial Statements with Supplemental Information

December 31, 2010 and 2009



Certified Public Accountants | Business Consultants

Acumen. Agility. Answers.

PAGEREPORT OF INDEPENDENT AUDITORS1FINANCIAL STATEMENTS<br/>Statements of Net Assets Available for Benefits2Statement of Changes in Net Assets Available for Benefits3Notes to Financial Statements4–10SUPPLEMENTAL INFORMATION<br/>Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)11

CONTENTS

# MOSS ADAMS LLP Certified Public Accountants 1 Business Consultants

# REPORT OF INDEPENDENT AUDITORS

To the Trustees Red Dot Corporation 401(k) Plan

We were engaged to audit the accompanying statements of net assets available for benefits of Red Dot Corporation 401(k) Plan (the Plan) as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedule of Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

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 5, which was certified by Reliance Trust Company, the custodian of the Plan, except for comparing the information with related information included in the financial statements and supplemental schedule. We were informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information 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 custodian, 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.

Moss adams LLP

Seattle, Washington October 6, 2011



# RED DOT CORPORATION 401(k) PLAN STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS		
Investments, at fair value		
Participant directed investments	\$ 6,010,970	\$ 5,141,489
Notes receivable from participants	153,467	184,163
Cash	3,465	17
Participant contributions receivable	16,716	18,458
Total assets	6,184;618	5,344,127
LIABILITIES		
Due to broker	20,182	17
NET ASSETS AVAILABLE FOR BENEFITS	\$ 6,164,436	\$ 5,344,110

See accompanying notes.

# RED DOT CORPORATION 401(k) PLAN STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED DECEMBER 31, 2010

INVESTMENT INCOME Net appreciation in fair value of investments Common/Collective trusts Registered investment company Dividends Interest Net investment income	\$	524,769 56,290 13,141 <u>132</u> 594,332
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS		9,732
CONTRIBUTIONS Participant contributions Rollovers Total contributions	<u></u>	511,520 5,410 516,930
DEDUCTIONS Benefits paid to participants Administrative expenses Total deductions		252,114 48,554 300,668 820,326
NET CHANGE NET ASSETS AVAILABLE FOR BENEFITS Beginning of year		5,344,110
End of year		6,164,436

4

#### Note 1 - Description of Plan

The following description of the Red Dot Corporation 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General** - The Plan is a defined contribution plan covering substantially all employees of Red Dot Corporation (the Company) who are 18 years of age or older, except those covered by a collective bargaining agreement. Employees are eligible for employer profit sharing contributions after completing one year of service, as defined by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Contributions** - Participants may contribute up to 100% of their annual wages, subject to certain regulatory limits. The Company may make matching contributions equal to a discretionary percentage of the participant's elective contribution, to be determined annually by the Company. At its discretion, the Company may also make an additional profit sharing contribution to the Plan. There were no Company contributions made for the year ended December 31, 2010. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

**Participant Accounts** - Each participant's account is credited with the participant's own contribution and allocations of (a) the Company contributions and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan agreement.

**Vesting and Forfeitures** - Participants are immediately vested in their voluntary and rollover contributions plus actual earnings thereon. Vesting in Company contributions to their account plus earnings thereon is based on years of credited service. A participant vests 20% each year beginning with two years of service until they are 100% vested after six years. A participant is entitled to 100% of his or her account balance upon death or disability.

The portion of a participant's account balance that is not fully vested will be forfeited if the participant separates from service. These forfeited amounts may be allocated to the remaining eligible participants or used to offset Plan expenses.

There are \$19,180 and \$25,965 of forfeitures available at December 31, 2010 and 2009, respectively.

**Payment of Benefits** - On termination of service, a participant may elect to receive either a lump sum amount equal to the value of his or her vested interest in the account or annual installments over a fixed period. Terminating participants with balances of \$5,000 or less who have not requested a distribution will receive an automatic cash withdrawal.

#### Note 1 - Description of Plan (Continued)

**Notes Receivable from Participants** - The Plan provides that participants can borrow funds against their account balances. These loans are limited to the lesser of \$50,000 or 50% of the participant's vested account balance. The balance in the participant's account secures the loans. Loan principal and interest payments are made in accordance with the loan's amortization schedule and are made via payroll withholding. Participant loans bear interest at a fixed rate that is determined by the Plan Administrator at the time the loan is initiated and are generally repaid within five years.

**Pian 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 and its related regulations. In the event of Plan termination, participants will become 100% vested in their accounts.

# Note 2 - Summary of Accounting Policies

Basis of Accounting - The financial statements of the Plan are prepared under the accrual method of accounting.

**Use of Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Company to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

**Recent Accounting Pronouncements** - In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2010-06, *Fair Value Measurements and Disclosures (Topic 820) – Improving Disclosures about Fair Value Measurements*. The new guidance requires additional disclosures about transfers between levels within the fair value hierarchy and clarifies existing disclosure requirements regarding classes of assets and liabilities measured at fair value. The new guidance requires the Plan to: (a) disclose separately the amounts of significant transfers into and out of each level of the fair value hierarchy and describe the reasons for those transfers, (b) the Plan's policy for determining when transfers between levels of the fair value hierarchy are recognized, and (c) present information about purchases, sales, issuances, and settlements on a gross basis in the reconciliation of the beginning and ending balance of Level 3 fair value measurements. The new guidance is effective for reporting periods beginning after December 15, 2009, except for the Level 3 reconciliation disclosures which are effective for reporting periods beginning after December 15, 2009, except for the Level 3 reconciliation disclosures which are effective for reporting periods beginning after December 15, 2010. The Plan adopted this guidance on January 1, 2010 (see Note 4).

In September 2010, the FASB issued ASU 2010-25, *Plan Accounting-Defined Contribution Pension Plans,* which amends existing guidance by requiring participant loans to be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. The amendments to the Accounting Standards Codification included in ASU 2010-25 are effective for fiscal years ended after December 15, 2010. The Plan has adopted this guidance effective December 31, 2010 and has reclassified participant loans of \$153,467 and \$184,163 for the years ended December 31, 2010 and 2009, respectively, from investments to notes receivable from participants.

#### Note 2 - Summary of Accounting Policies (Continued)

**Investment Valuation** - The Plan adheres to authoritative guidance on fair value measurements. The guidance defines fair value as the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date.

The Plan classifies its investments based upon an established fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value (see Note 4). The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

- 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 without quoted market prices, but 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.

Investments are stated at fair value as certified by the Plan's custodian, Reliance Trust Company. Shares of registered investment companies are valued using the net asset value (NAV) quoted in an active market. Units held in the common/collective trusts are valued at the NAV of units held by the Plan at year end. The common/collective trust NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. There are no restrictions to redeeming units of the common/collective trust.

**Notes Receivable from Participants** - Notes receivable from participants are measured at amortized cost, which represents the unpaid principal balance plus accrued but unpaid interest, and are classified as notes receivable.

**Income Recognition** - Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation of those investments.

Payment of Benefits - Benefits are recorded when paid.

#### Note 2 - Summary of Accounting Policies (Continued)

Administrative Expenses - Certain costs to administer the Plan are paid by the Company and are not reflected in the accompanying financial statements.

**Subsequent Events** - Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before financial statements are available to be issued.

The Plan has evaluated subsequent events through October 6, 2011, which is the date the financial statements were available to be issued.

#### Note 3 - Investments

The following presents investments that represent 5% or more of the Plan's net assets as of December 31:

		2010		2009
Reliance Advisory Trust Inv60 Portfolio	• \$	621,563	\$	949,349
Reliance Advisory Trust Inv20 Portfolio	\$	856,601	\$	858,217
Reliance Advisory Trust InvLC Portfolio	\$	985,461	\$	809,082
Vanguard Balanced Index Fund	\$	624,283	\$	490,926
Reliance Advisory Trust InvFI Portfolio	\$	442,293	\$	406,459
Reliance Advisory Trust InvSM Portfolio	\$	438,347	\$	324,573
Reliance Advisory Trust Inv40 Portfolio	\$	687,117	\$	304,427
Reliance Advisory Trust InvIE Portfolio	\$	381,600	.\$	285,703
Reliance Advisory Trust Inv30 Portfolio	\$	537,576		*

\* Investment did not represent 5% of Plan net assets in respective year.

All investments are participant directed.

#### **Note 4 - Fair Value Measurements**

The following tables disclose by level the fair value hierarchy discussed in Note 2:

	Investmer	nt Assets at Fa	ir Value as	of Decen	iber 31	l, 2010
	Level 1	Level 1 Level 2		evel 3	Total	
Registered investment companies	••••••					
Index Fund	125,231	\$-	\$	-	\$	125,231
Prime Obligations Fund	624,283	-		-	\$	624,283
Collective trust						
Lifecycle funds	-	2,992,53	10	-	2	2,992,530
Growth funds	-	1,805,40	18	-	• 1	L,805,408
Fixed income funds		463,51	.8	-		463,518
	\$ 749,514	\$ 5,261,45	6 \$	-	\$6	5,010,970
	Investmer	nt Assets at Fa	ir Value as	of Decen	uber 31	L, 2009
	Level 1	Level 2	L	evel 3		Total
Registered investment companies						
Index Fund	\$ 490,926	\$-	\$	-	\$	490,926
Prime Obligations Fund	112,061	-		-		112,061
Collective trust						
Lifecycle funds	-	2,595,66	58	-	2	2,595,668
Growth funds	-	1,419,35	8	-	1	L,419,358
Fixed income funds	-	523,47	<u>′6                                    </u>	-		523,476
	\$ 602,987	\$ 4,538,50	)2 \$	-	\$5	5,141,489

#### Note 5 - Information Prepared and Certified by the Custodian

The following information in the financial statements and supplemental information was certified to be complete and accurate by Reliance Trust Company, the custodian of the Plan's assets, within the meaning of 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

- 1. Amounts included as cash and participant directed investments in the Statement of Net Assets Available for Benefits as of December 31, 2010 and 2009 and the Schedule of Assets (Held at End of Year) as of December 31, 2010.
- 2. Net appreciation in fair value of investments and dividends included in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2010.

#### **Note 6 - Party-In-Interest Transactions**

Certain Plan investments are managed by Reliance Trust Company. Reliance Trust Company is the custodian of Plan assets and, therefore, these transactions qualify as party-in-interest transactions.

#### Note 7 - Income Tax Status

The Plan has adopted a volume submitter plan sponsored by a third party. The volume submitter plan received a letter dated March 31, 2008 from the Internal Revenue Service stating the prototype plan, as then designed, meets the requirements of the applicable sections of the Internal Revenue Code for qualified plan status. The Plan has not filed individually with the Internal Revenue Service (IRS) for a letter regarding the Plan's qualified status and has been subsequently amended. However, the Plan administrator believes that the Plan meets the requirements to qualify as a tax-exempt Plan under Internal Revenue Code Section 401 and related regulations.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

# Note 8 - Risks and Uncertainties

The plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

#### Note 9 - Form 5500

The following is a reconciliation of net assets available for benefits between the financial statements and the Form 5500 as of December 31:

	2010	2009
Net assets available for benefits per the Form 5500 Add: Participant contributions receivable	\$ 6,164,436	\$ 5,325,652 . <u>18,458</u>
Net assets available for benefits per the financial statements	\$ 6,164,436	\$ 5,344,110

# RED DOT CORPORATION 401(k) PLAN NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2010 AND 2009

#### Note 9 - Form 5500 (Continued)

The Form 5500, which is filed with the Department of Labor, has several assets, liabilities, income and expense that differ from the amounts shown on the accompanying statement of changes in net assets available for benefits. These differences relate to classification only and have no effect upon total net assets available for benefits at December 31, 2010.

# SUPPLEMENTAL INFORMATION

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# RED DOT CORPORATION 401(k) PLAN EIN: 91-0784146 PLAN #: 002 SCHEDULE H, LINE 4(1) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2010

		(c)		
		Description of investment,		
	(b)	including maturity date, rate		(e)
	Identity of issue, borrower,	of interest, collateral, par or	(d)	Current
<u>(a)</u>	lessor or similar party	maturity value	Cost	value
	Common/Collective trusts			
*	Reliance Trust Company	Reliance Advisory Trust Inv20 Portfolio	**	\$ 856,601
*	Reliance Trust Company	Reliance Advisory Trust InvST Portfolio	**	21,226
*	Reliance Trust Company	Reliance Advisory Trust InvIE Portfolio	**	381,600
*	Reliance Trust Company	<b>Reliance Advisory Trust InvFI Portfolio</b>	**	442,293
*	Reliance Trust Company	Reliance Advisory Trust Inv30 Portfolio	**	537,576
*	Reliance Trust Company	Reliance Advisory Trust InvSM Portfolio	**	438,347
*	Reliance Trust Company	Reliance Advisory Trust InvLC Portfolio	**	985,461
*	Reliance Trust Company	Reliance Advisory Trust Inv80 Portfolio	**	114,583
*	Reliance Trust Company	Reliance Advisory Trust Inv70 Portfolio	**	175,089
*	Reliance Trust Company	Reliance Advisory Trust Inv60 Portfolio	**	621,563
*	Reliance Trust Company	Reliance Advisory Trust Inv40 Portfolio	**	687,117
	Total common/collective			
	trusts			5,261,456
	Registered investment company			
	Vanguard	Vanguard Balanced Index Fund	**	624,283
	Short-term investment fund			•
	Goldman Sachs	Goldman Sachs Prime Obligations Fund	**	125,231
*	Participant loans	Interest rates ranging from		
	*	4.25% to 9.25%; maturing		
		through August 06, 2015	_`	153,467
				\$ 6,164,437
			•	

\* Denotes party-in-interest transactions.
 \*\* Information not required as investments are participant directed.

Form 5500	Department of the Treasury mismal 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).			OMB Nos. 1210-0110 1210-0089
Internal Revenue Service			2010	
<ul> <li>Department of Labor</li> <li>Employee Benefits Security</li> <li>Administration</li> </ul>	> Complete all the instruct	entries in accorda lons to the Form 5	nce with 500.	
Pension Benefit Guaranty Corporation	- 			This Form is Open to Public Inspection
Part I Annual Report Ide	Intification Information	AL 1001 A	and another	12/31/2010
For calendar plan year 2010 or fisca	k plan Joar ooginning	01/2010	and ending le-employer plan; or	12/ 31/ 2010
A This return/report is for:	] a multiemployer plan; X a single employer plan;		(spacify)	
B This return/report is:	the first return/report;	<b>1</b>	relurn/report;	
	X an amended return/report;	a short	plan year return/report (less th	ian 12 monuns).
C If the plan is a collectively-bargain				
D Check box if filing under:	X Form 5558;		lic extension;	the DFVC program;
s	special extension (enter des	scription)	·····	
Part II         Basic Plan Info           1a Name of plan Red Dot. Con	rmation—enter all requested inform rporation 401(k) Plan	ation	<u> </u>	1b Three-digit plan number (PN) > 002
		-		1c Elfective date of plan 07/01/1998
2a Plan sponsor's name and addre (Address should include room o Red Dot Corporation	ess (employer, if for a single-employer r suite no.) a	plan)		2b Employer Identification Number (EIN) 91-0784146
neu bor dorporadio.	- .*			2c Sponsor's telephone number (206) 575~3840
PO Box 58270		AW	98138	2d Business code (see Instructions)
Seattle 495 Andover Park Ea	ast	iie		332900
Seattle		N	IA 98138	
Caution: A nenality for the late or	incomplete filing of this return/repo	ort will be assessed	d unless reasonable cause i	s established.
Haday seattles of particul and other	r penaliles set forth in the instructions, ill as the electronic version of this relu	I declare that I have	e examined this return/report.	including accompanying schedules,
SIGN R.	Am	"/28/12	- RICK BOMAN	- -
HERE Signature of plan admit	vistrator	Date	Enter name of Individual s	signing as plan administrator
SIGN P	Rom	11/23/17	Rick Bon	AN
HERE. Signature of employer	nan sponsor	Date	Enter name of Individual	signing as employer or plan sponsor
SIGN				
HERE Signature of DFE		Date	Enter name of Individual	signing as DFE
For Paperwork Reduction Act No	otice and OMB Control Numbers, se	e the instructions	for Form 5500.	Form 5500 (2010) v.092307.1

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		•	
Form 5500 (2010) Page 2		·	
Plan administrator's name and address (if same as plan sponsor, enter "Seme") Rick Boman		ninistrator's EIN 0784146	
		ninistrator's telephone nber	
495 Andover Park East		06) 575-3840	
If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name	, ElN and	4b EIN	
the plan number from the last return/report: Sponsor's name		4c pn	
		378	
Total number of participants at the beginning of the plan year Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).	<u>5</u>		
	6a	364	
		· 0	
Retired or separated participants receiving benefits		21	
Clher retired or separated participants entitled to future benefits		385	
Sublotal. Add lines 6a, 6b, and 6c	1	<u> </u>	
Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	1	0	
Total. Add lines 6d and 6e	<u>6f</u>	385	
9 Number of participants with account balances as of the end of the plan year (only defined contribution plans ' complete this item)		192	
Number of participants that terminated employment during the plan year with accrued benefils that were			
lass than 100% vested Enter the total number of employers obligated to contribute to the plan (only multilemployer plans complete this item)		1	
Enter the total number of employers obligated to controlite to the plan (only monemployer plans complete the term a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic	Codes in the	Instructions:	
2E $2F$ $2G$ $2J$ $2K$ $2T$ $3DIf the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Co$	des in the ins	tructions:	-
a ' Plan funding arrangement (check all that apply) (1) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	all that apply	)	
(1) Insurance (2) Code section 412(e)(3) insurance contracts (2) Code section 412(	(e)(3) insuran	ce contracts	
(3)     X     Trust       (4)     General assets of the sponsor     (4)		·	
0 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the	e number alla	ched. (See instructions)	
a Pension Schedules (1) X R (Retirement Plan Information) (1) X H (Financial	information)	• • • •	
(1) A K (Reinanten Plan mornautor) (2) MB (Multiemployer Defined Benefit Plan and Certain Money (2) [] I (Financial	Information -		
. Purchase Plan Actuarial information) - signed by the plan (3) A (Insurance	e Information) Provider Inforr		
(a) D SB (Single-Employer Defined Banefit Plan Actuaria) (6) 🛛 D (DFE/Part	licipating Plan Transaction		
	,	•	
	· .		
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	-		

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# Attachment to 2010 Form 5500 Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan NameRed Dot Corporation 401(k) PlanPlan Sponsor's NameRed Dot Corporation

EIN: 91-0784146 PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	<b>(d)</b> Cost	<b>(e)</b> Current value
		MONEY FUND		
	GOLDMAN SACHS FIN SQ. FUND		0	125,23
		MUTUAL FUND		
	VANGUARD BALANCED INDEX FUND		0	624,28
		COMMONT TRUST FUND		
	RELIANCE ADV TRUST INV20		0	856,60
		COMMON TRUST FUND		
	RELIANCE ADV TRUST INVST		0	21,22
		COMMON TRUST FUND		
	RELIANCE ADV TRUST INVIE		0	381,60
		COMMON TRUST FUND		
	RELIANCE ADV TRUST INVFI			440.00
	RELIANCE ADV IRUSI INVFI		0	442,29
		COMMON TRUST FUND		
	RELIANCE ADV TRUST INV30		0	537,5

# Attachment to 2010 Form 5500 Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan NameRed Dot Corporation 401(k) PlanPlan Sponsor's NameRed Dot Corporation

EIN: 91-0784146 PN: 001

		1		
		(c) Description of investment including maturity date,		(e) Current
(a)	(b) Identity of issue, borrower, lessor, or similar party	rate of interest, collateral, par, or maturity value.	(d) Cost	value
		COMMON TRUST FUND		
	RELIANCE ADV TRUST INVSM		0	438,347
		CONMON INDUCE FUND	Ŭ	150,51,
		COMMON TRUST FUND		
	RELIANCE ADV TRUST INVLC		0	985,461
			0	905,401
		COMMON TRUST FUND		
	RELIANCE ADV TRUST INV80		0	114,583
			0	114,505
		COMMON TRUST FUND		
	RELIANCE ADV TRUST INV70		0	175 000
			0	175,089
		COMMON TRUST FUND		
	RELIANCE ADV TRUST INV60		0	621,563
			0	021,505
		COMMON TRUST FUND		
	RELIANCE ADV TRUST INV40		_	607 117
	ABLIANCE ADV INUSI INVIU		0	687,117