Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

2009

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identi					10/04/	2000			
For	calendar plan year 2009 or fiscal pla	•	01/01/200	-	and ending	12/31/				
A	This return/report is for.	ngle-employer plan			mployer plan (not multiemployer)		one-participa	int plan		
В	This return/report is for:									
	∐ an	n amended return/rep	ort	short plan	year return/report (less than 12 n	nonths)				
С	C Check box if filing under: Form 5558 automatic extension						DFVC progra	am		
	sp	ecial extension (ente	r description	on)						
	rt II Basic Plan Informati	on—enter all reques	ted inform	nation		1 41		T		
	Name of plan F & ASSOCIATES 401(K) PLAN					16	Three-digit plan number			
VVOL	r & ASSOCIATES 401(K) FEAN						(PN) ▶	001		
						1c	Effective date o			
2a	Plan sponsor's name and address (e	employer, if for single	-employer	r plan)		2b	Employer Identi	fication Number		
	F & ASSOCIATES, INC.			. ,			(EIN) 91-150			
501 N	N RIVERPOINT BLVD, SUITE 230					2c	Plan sponsor's 509-74	telephone number 4-7065		
SPO	KANE, WA 99218					2d	Business code (
	Plan administrator's name and addre	`			s") .VD, SUITE 230	3b	Administrator's 91-150	EIN		
	1 4 7 6 6 6 7 7 1 7 6 7 7 7 7 7 7 7 7 7 7 7			WA 99218		3с	Administrator's	telephone number		
4	f the name and/or EIN of the plan spo	onsor has changed s	ince the la	st return/re	port filed for this plan, enter the	4h	509-74 EIN	4-7065		
	name, EIN, and the plan number from				F,		TO LIN			
						_	PN			
	Total number of participants at the b									
_	Total number of participants at the					5b		0		
	Total number of participants with accomplete this item)				` .	5c		0		
6a	Were all of the plan's assets during	g the plan year invest	ed in eligib	ole assets?	(See instructions.)			X Yes No		
b	Are you claiming a waiver of the anunder 29 CFR 2520.104-46? (See i							X Yes No		
	If you answered "No" to either 6a				·					
Pa	rt III Financial Information	n								
7	Plan Assets and Liabilities				(a) Beginning of Year		(b) End	of Year		
а	Total plan assets				11018	359		0		
b	Total plan liabilities									
<u>C</u>	Net plan assets (subtract line 7b fro			. 7с	11018	359		0		
8	Income, Expenses, and Transfers for Contributions received or receivable				(a) Amount		(b) ⁻	Гotal		
а	(1) Employers			. 8a(1)	467	27				
	(2) Participants			8a(2)	463	325				
	(3) Others (including rollovers)			8a(3)						
b	Other income (loss)			. 8b	39	94				
С	Total income (add lines 8a(1), 8a(2)), 8a(3), and 8b)		. 8c				97046		
d	Benefits paid (including direct rollov to provide benefits)			. <u>8d</u>	11989	005				
е	Certain deemed and/or corrective d	listributions (see instr	uctions)	. 8e						
f	Administrative service providers (sa	alaries, fees, commiss	sions)	. 8f						
g	Other expenses			. 8g						
h	Total expenses (add lines 8d, 8e, 8f	f, and 8g)		. 8h				1198905		
į	Net income (loss) (subtract line 8h f	,						-1101859		
	Transfers to (from) the plan (see ins	etructione)		. 8j						

	Form 5500-SF 2009 Page 2- 1								
Par	t IV	Plan Characteristics							
_	2E 2F 2G 2J 2K 2R 3D								
Part	Part V Compliance Questions								
10	Durir	ng the plan year:		Yes	No	Amount			
a		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				

b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X				111000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					Yes	× No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver						
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				,		
b	Enter the minimum required contribution for this plan year			12b			
С	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		[12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A

13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?								
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	0						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?		X Yes No						
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)						

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Plan Terminations and Transfers of Assets

Part VII

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/16/2010	LARRY WOLF
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art Annual Report Identification Information							
For	calendar plan year 2009 or fiscal plan year beginning 0	1/01/2	009 and ending		12/31/2009			
Α	This return/report is for: X single-employer plan	multiple-e	employer plan (not multiemployer)	one-participant plan				
В	This return/report is for: first return/report X	final retur	n/report					
	an amended return/report	short plas	year return/report (less than 12 mo	nths)				
C	Check box if filing under: Form 5558		extension	,	DFVC program			
Ū	special extension (enter description		o extension		☐ Di-ve program			
D		. <u>'</u>						
	Name of plan	ation		46				
ıa	Wolf & Associates 401(k) Plan			מו	Three-digit plan number			
					(PN) ▶ 001			
				1c	Effective date of plan			
_					01/01/2003			
2a	Plan sponsor's name and address (employer, if for single-employer Wolf $\&$ Associates, Inc.	plan)		2b	Employer Identification Number			
				20	(EIN) 91-1503360 Plan sponsor's telephone number			
	501 N Riverpoint Blvd, Suite 230			20	(509) 744 - 7065			
	<u>-</u>			2d	Business code (see instructions)			
20	Spokane		WA 99218	0:-	524140			
Ja	Plan administrator's name and address (if same as Plan sponsor, e $_{\mathtt{SAME}}$	nter "Same	e')	30	Administrator's EIN			
				3с	Administrator's telephone number			
4								
	f the name and/or EIN of the plan sponsor has changed since the lath name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN			
				4c	PN			
5a	Total number of participants at the beginning of the plan year			5a				
b	Total number of participants at the end of the plan year	5b	7,000					
С	Total number of participants with account balances as of the end of	_						
^	complete this item)							
	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of				X Yes No			
IJ	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an ingepe and condit	ions.)(IC	!PA)	X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo							
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	1,101,85	9				
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	1,101,85	9				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	46,72	7				
	(2) Participants		46,32					
	(3) Others (including rollovers)	8a(2)	40,32	귀				
b		8a(3) 8b	3,99					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	3,99	4 6.33.63 33	07.04			
d	Benefits paid (including direct rollovers and insurance premiums	00		35.1 1958/8	97,04			
4	to provide benefits)	8d	1,198,90	5				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses.	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1,198,90			
i	Net income (loss) (subtract line 8h from line 8c)	8i)	(1,101,859			
	Transfers to (from) the plan (see instructions)	Ri		75.45.	N. P. 144 N. H. N. SAN SAN DEL FARE DE LA FRANCISCO DE SAN DE SAN DE LA FRANCISCO DE LA FRANCI			

-		Form 5500-SF 2009	P	age 2						
Pai	rt I\	/ Plan Characteristics								
9a		ne plan provides pension benefits, enter the applicable pension feat	ture codes from the	List of Plan Char	acteris	tic Co	des in	the instruct	ions:	
	Х	2E 2F 2G 2J 2K 2R 3D								
b 	lf t	ne plan provides welfare benefits, enter the applicable welfare featu	ure codes from the	List of Plan Chara	cteris	tic Cod	des in t	he instructi	ons:	
Par	t۷	Compliance Questions				,				
10	D	uring the plan year:	N	<u></u>		Yes	No		Amount	
а	2	as there a failure to transmit to the plan any participant contribution. 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian	ry Correction Progr	am)	10a		Х			
b	or or	Nere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					х		_	
С	V	/as the plan covered by a fidelity bond?			10c	х			1:	11,000
d	or Di	d the plan have a loss, whether or not reimbursed by the plan's fide dishonesty?	elity bond, that was	caused by fraud	10d		х			<u> </u>
е	W in:	ere any fees or commissions paid to any brokers, agents, or other p surance service or other organization that provides some or all of th structions.)	persons by an insur te benefits under the	ance carrier, e plan? (See	10e		х	-		
f	На	as the plan failed to provide any benefit when due under the plan?.	***************************************	• • • • • • • • • • • • • • • • • • • •	10f		х		1	
g	Di	d the plan have any participant loans? (If "Yes," enter amount as of	vear end).		10a		Х	·		·
_	lf t	his is an individual account plan, was there a blackout period? (See 20.101-3.)	e instructions and 2	9 CFR	10g		Х	***	***************************************	
i	If	10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or or	ne of the	10i		- 11			
Part										
11	ls '	this a defined benefit plan subject to minimum funding requirements	s? (If "Yes," see ins	tructions and com	plete (Sched	ule SB	(Form	∏ Yes	X No
12		this a defined contribution plan subject to the minimum funding req							Yes	- H
lf	lf a gra you	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being a anting the waiver. completed line 12a, complete lines 3, 9, and 10 of Schedule ME ter the minimum required contribution for this plan year	mortized in this pla	Mon d skip to line 13.	th		nter the Day _	e date of th	e letter ru Year	uling
		ter the amount contributed by the employer to the plan for this plan					12c			
d	Su	btract the amount in line 12c from the amount in line 12b. Enter the pative amount)	result (enter a min	us sian to the left (of a		12d			
е		I the minimum funding amount reported on line 12d be met by the fi				_		Yes	No [N/A
Part								! '-	-I	······································
13a	Ha	s a resciution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?	*****				X Yes	No
		Yes," enter the amount of any plan assets that reverted to the emplo					13a		. 🖵	(
	We of	re all the plan assets distributed to participants or beneficiaries, training PBGC?	nsferred to another	plan, or brought ι	under	the co	ntrol		X Yes	☐ No
С	lf c wh	uring this plan year, any assets or liabilities were transferred from t ich assets <u>or liabilities were transferred.</u> (See instructions.)	his plan to another	plan(s), identify th	e plar	(s) to				
1	13c() Name of plan(s):			13c(2) EIN(s)			۷(s)	13c(3) PN(s)
·								<u></u>		
Caut	ion:	A penalty for the late or incomplete filing of this return/report	will be assessed i	infoss roceanabl	0.000			n beed		
Unde SB o	er pe r Scl	nalties of perjury and other penalties set forth in the instructions, I d nedule MB completed and signed by an enrolled actuary, as well as strue, correct, and complete.	declare that I have	examined this retu	rn/rep	ort. in	cludina	. if applicat	ile, a Sch nowledge	edule and
SIGI	N	Lavery . Wolf	7-6-10	Larry Wolf						
HER			Date	Enter name of in	dividu	al sian	ing as	plan admin	istrator	
SIG										
HER		Signature of employer/plan sponsor	Date	Enter name of in	dividu	al sign	ing as	employer o	r plan sp	onsor