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).

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2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

| Р | ension Benefit Guaranty Corporation | ▶ Complete all entries in accor | dance wit | h the instructions to the Form 5500 | 0-SF. | | | | | |
|----------|---|---|-------------|--|--------|--|-------------------------------|----------|--|--|
| | | lentification Information | | | | | | | | |
| For | calendar plan year 2009 or fisc | al plan year beginning 01/01/200 | 9 | and ending 1 | 2/31/2 | 2009 | | | | |
| Α . | This return/report is for: | x single-employer plan | multiple-e | employer plan (not multiemployer) | | one-participa | ant plan | | | |
| В . | This return/report is for: | first return/report | final retur | n/report | | _ | | | | |
| | · | an amended return/report | short plar | year return/report (less than 12 mor | nths) | | | | | |
| C | C Check box if filing under: | | | | | DFVC progra | am | | | |
| | | | | | | | | | | |
| Do | rt II Pacia Plan Inform | special extension (enter description | | | | | | | | |
| | | mation—enter all requested inform | ation | | 1h | Three-digit | | | | |
| | Name of plan TERSHELL & CO., P.S. 401(K) | PLAN | | | וט | plan number | | | | |
| | | | | | | (PN) ▶ | 001 | | | |
| | | | | | 1c | Effective date of | | | | |
| | | | | | | 01/01/ | 992 | | | |
| | • | ess (employer, if for single-employer | plan) | | 2b | Employer Ident | | umber | | |
| BAII | ERSHELL & CO., P.S. | | | | 20 | (=:::) | an sponsor's telephone number | | | |
| 3064 | 0 PACIFIC HWY S, SUITE B | | | | 20 | | 19-1620 | Humber | | |
| FEDE | ERAL WAY, WA 98003 | | | | 2d | Business code | (see instru | ictions) | | |
| | | | | | | 54121 | | | | |
| | Plan administrator's name and ERSHELL & CO., P.S. | address (if same as Plan sponsor, e 30640 PACII | | | 3b | 3b Administrator's EIN 91-1543662 | | | | |
| DATI | ENOTICE & OO., 1.0. | FEDERAL W | | | 3c | Administrator's | | number | | |
| | | | | | • | | 9-1620 | Hambol | | |
| | | an sponsor has changed since the la | | port filed for this plan, enter the | 4b | EIN | | | | |
| - 1 | name, EIN, and the plan numbe | er from the last return/report. Sponso | or's name | | 10 | PN | | | | |
| 5a | Total number of participants at | the beginning of the plan year | | | 5a | FIN | | 3 | | |
| | | | | | | | | | | |
| | · · | the end of the plan year | | | 5b | | | 6 | | |
| С | | ith account balances as of the end o | | The state of the s | 5с | | | 6 | | |
| 6a | • | | | (See instructions.) | | | X Ye | s No | | |
| | Are you claiming a waiver of the | ne annual examination and report of | an indeper | ndent qualified public accountant (IQI | PA) | | | | | |
| | · · | | | ons.) | | | X Ye | s No | | |
| D- | | | orm 5500- | SF and must instead use Form 550 | 00. | | | | | |
| | rt III Financial Informa | ation | | | 1 | | | | | |
| 7 | Plan Assets and Liabilities | | | (a) Beginning of Year | | (b) End | of Year | | | |
| | Total plan assets | | . 7a | 521163 | 5 | | | 766394 | | |
| b | • | | | | | | | | | |
| <u>C</u> | | 7b from line 7a) | . 7с | 521163 | 3 | | | 766394 | | |
| 8 | Income, Expenses, and Transf | | | (a) Amount | | (b) | Total | | | |
| а | Contributions received or rece (1) Employers | ivable from: | . 8a(1) | 35001 | | | | | | |
| | ., ., | | , , | 52030 |) | | | | | |
| | ` ' |) | ` ' | | | | | | | |
| b | , , | | | 158200 |) | | | | | |
| С | , | 8a(2), 8a(3), and 8b) | | .00200 | | | | 245231 | | |
| d | | rollovers and insurance premiums | | | | | | | | |
| | . ` | | . 8d | C |) | | | | | |
| е | Certain deemed and/or correct | tive distributions (see instructions) | . 8e | | | | | | | |
| f | Administrative service provide | rs (salaries, fees, commissions) | . 8f | C |) | | | | | |
| g | Other expenses | | . 8g | C |) | | | | | |
| h | Total expenses (add lines 8d, | 8e, 8f, and 8g) | . 8h | | | | | 0 | | |
| i | Net income (loss) (subtract line | e 8h from line 8c) | . 8i | | | | | 245231 | | |
| i | Transfers to (from) the plan (se | ee instructions) | . 8i | | | | | | | |

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| Part IV | Plan | Characteristics |
|---------|------|-----------------|
| | | |

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 3D 2A 2E 2G 2J

If the plan provides welfa

| D | ii the | e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char | acteris | lic Co | ues III | the ins | structions | | |
|----------|---|--|---------|---------|---------------|---------|------------|--------|--------|
| art | ٧ | Compliance Questions | | | | | | | |
| 0 | Dur | ing the plan year: | | Yes | No | | Am | ount | |
| а | | Was there a failure to transmit to the plan any participant contributions within the time period described i 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | | | | | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | | | | X | | | | |
| С | Was the plan covered by a fidelity bond? | | | | | | | | 75000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | | | | | | | |
| е | insu | re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See ructions.) | 10e | | X | | | | |
| f | Has | Has the plan failed to provide any benefit when due under the plan? | | | | | | | |
| 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.) | | | | | | | |
| 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 | | | | | | | |
| art | VI | Pension Funding Compliance | | | | | | | |
| 1 | | nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 0)) | | | | | | Yes | X No |
| 2 | | | | | | | | | |
| | | Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) | | | | | - | - | _ |
| а | lf a | waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru | | | | | | | |
| ıf v | - | nting the waiver | | | Day | | Ye | ar | |
| | If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. h. Enter the minimum required contribution for this plan year. | | | | | | | | |
| | Enter the minimum required contribution for this plan year. | | | | | | | | |
| | Cultivate the amount in line 12e from the amount in line 12h. Enter the result (enter a minus sign to the left of a | | | | | | | | |
| ŭ | negative amount) | | | | | | | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | | | | | |
| art | VII | Plan Terminations and Transfers of Assets | | | | | | | |
| 3a | Has | a resolution to terminate the plan been adopted during the plan year or any prior year? | | | | | | Yes | X No |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | | | | | | | |
| b | b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control | | | | | | | | |
| С | If du | ne PBGC?uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify | the pla | n(s) to |) | | _ | res | ^ NO |
| | | ch assets or liabilities were transferred. (See instructions.) Name of plan(s): | 1 | 12 | c(2) E | INI(a) | | 13c(3) | DN(a) |
| <u>'</u> | 3C(1) | y Name of plants). | | 13 | C(2) L | 14(5) | | 130(3) | FIN(S) |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| aut | ion: | A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal | ole cau | ıse is | estab | lished | | | |
| B o | · Sch | nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re- ledule MB completed and signed by an enrolled actuary, as well as the electronic version of this return true, correct, and complete. | | | | ٠, | | | |
| SIGI | | iled with authorized/valid electronic signature. 08/03/2010 RICHARD BATT | ERSH | ELL | | | | | |

| SIGN | Filed with authorized/valid electronic signature. | 08/03/2010 | RICHARD BATTERSHELL |
|------|---|------------|--|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN | Filed with authorized/valid electronic signature. | 08/03/2010 | RICHARD BATTERSHELL |
| HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |