## Form 5500-SF

Department of the Treasury Internal Revenue Service

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

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

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

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information								
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009	9	and ending 1	2/31/2	2009				
Α	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan				
В	This return/report is for: first return/report	final retur	n/report						
	an amended return/report	short plan	year return/report (less than 12 mo	nths)					
С	Check box if filing under:	automatic	extension		DFVC program				
	special extension (enter descriptio	n)			_				
Pa	art II Basic Plan Information—enter all requested information	ation							
	Name of plan			1b	Three-digit				
BRU	BAKKEN & REINBOLD, INC. PROFIT SHARING PLAN				plan number (PN) • 002				
				10	Effective date of plan				
					07/01/2000				
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b Employer Identification Number					
BRU	BAKKEN & REINBOLD, INC.			20	(EIN) 91-1722741 Plan sponsor's telephone number				
522 \	W. RIVERSIDE AVE. SUITE 430			20	509-835-4967				
SPO	KANE, WA 99201			2d	Business code (see instructions)				
22	Dian administrator's name and address (if same as Dian anapass as	otor "Come	,"\	2 h	424500 Administrator's EIN				
		RSIDE AV	E. SUITE 430	30	91-1722741				
	SPOKANE, V	VA 99201		3с	Administrator's telephone number				
4 1	If the name and/or EIN of the plan sponsor has changed since the las	et return/re	nort filed for this plan, enter the	4h	509-835-4967 EIN				
	name, EIN, and the plan number from the last return/report. Sponso		port med for this plan, enter the	75	LIIN				
_				4c	PN				
	Total number of participants at the beginning of the plan year			5a	14				
	Total number of participants at the end of the plan year			5b	0				
С	Total number of participants with account balances as of the end of complete this item)			5c	0				
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes No				
b	Are you claiming a waiver of the annual examination and report of a	an indeper	dent qualified public accountant (IQ	PA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		, , , , , , , , , , , , , , , , , , ,		X Yes No				
Pa	irt III Financial Information	JIIII 3300-	or and must mistead use i orm 55	00.					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	. 7a	477726	6	0				
b	Total plan liabilities	. 7b							
С	Net plan assets (subtract line 7b from line 7a)	. 7c	477726	6	0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:	90(4)	627	7					
	(1) Employers	8a(1) 8a(2)	11638	-					
	(3) Others (including rollovers)	8a(3)	11000	_					
b	Other income (loss)	8b	7637	1					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	7007		88636				
d	Benefits paid (including direct rollovers and insurance premiums								
	to provide benefits)	8d	565547	7_					
e	Certain deemed and/or corrective distributions (see instructions)	. 8e		_					
f	Administrative service providers (salaries, fees, commissions)	. 8f		4					
g	Other expenses	. 8g	818	5	E00000				
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			566362				
- 1	Net income (loss) (subtract line 8h from line 8c)	. 8i			-477726				
:	Transfers to (from) the plan (see instructions)	8j							

		Form 5500-SF 2009 Page <b>2-</b> [1							
Pa	rt IV	Plan Characteristics							
9a		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char	acteris	tic Co	des in	the instru	ctions:		
<b>L</b>		2F 2G 2J 2K 3D		:- 0		la a : a.t	4:		
D	ii the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	icteris	iic Coc	ies in i	ne instruc	tions:		
Par	t V	Compliance Questions							
0		ng the plan year:		Yes	No		Amour	nt	
а		s 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		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X				
С		s the plan covered by a fidelity bond?	10c	X					80008
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud							-
		ishonesty?	10d		X				
е		e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,							
		rance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	I Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
	If th	is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10g		X				
i	If 10	th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10ii						
ar	t VI	Pension Funding Compliance							
11	Is th	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						,	<b>▽</b>
12							+	'es	X No
12		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	or se	ction 3	302 of	ERISA?	Шт	'es	× No
а	,	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ctions.	and e	nter th	e date of	the lette	r ruli	ng
	gran	ting the waiverMon	th						
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12h				
		r the minimum required contribution for this plan year		–	12b 12c				
		er the amount contributed by the employer to the plan for this plan year		⊨	120				
u		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A
art	t 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?					X	'es	No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				(
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought					X	'es	Пи
С		e PBGC? ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify tl					<u>'</u>	62	Пис
		th assets or liabilities were transferred. (See instructions.)	.o piai	.(5) 10					
	13c(1)	Name of plan(s):		130	<b>(2)</b> EI	N(s)	130	c(3)	PN(s)
			-						
			1						

## 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, 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.	09/13/2010	ORLIN REINBOLD
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

Department of the Treasury Internal Revenue Service

Department of Łabor 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.

OMB Nos. 1210-0110

1210-0089

2009

This Form is Open to Public Inspection

	r calendar plan year 2009 or fiscal plan year beginning	01/01/2	009 and ending		10/31/2000				
			<u></u>		12/31/2009				
_		,	employer plan (not multiemployer)		one-participant plan				
В	This return/report is for:     first return/report   X		·						
_	☐ an amended return/report		n year return/report (less than 12 mo	nths)					
С	Check box if filing under: X Form 5558	ı	cextension		DFVC program				
	special extension (enter description								
	art II Basic Plan Information—enter all requested inform	ation							
1a	Name of plan Brubakken & Reinbold, Inc. Profit Sharin	o Dlan		1b	Three-digit plan number				
	brabamen a Refibola, The, Holle Bharin	ig Fran			(PN) • 002				
				1c	Effective date of plan				
					07/01/2000				
2a	Plan sponsor's name and address (employer, if for single-employer Brubakken & Reinbold, Inc.	plan)		2b Employer Identification Number					
				20	(EIN) 91-1722741 Plan sponsor's telephone number				
	522 W. Riverside Ave. Suite 430				(509) 835-4967				
				2d Business code (see instructions)					
32	Spokane Plan administrator's name and address (if same as Plan sponsor, e	inter "Same	WA 99201	3 h	424500 Administrator's EIN				
	Same	inter Sami	<del>.</del> ,	JU	Administrator's EIN				
				3c Administrator's telephone number					
	If the name and/or EIN of the plan sponsor has changed since the la	ct roturn/ro	port filed for this plan onto the	(509) 835-4967 <b>4b</b> EIN					
7	name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4D	EIN				
				4c	PN				
5a	Total number of participants at the beginning of the plan year			5a	1				
b	b Total number of participants at the end of the plan year								
С	C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not								
	complete this item)			5c					
b	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	e assets?	(See instructions.)	 DΔ\	X Yes No				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ions.)		X Yes 🗍 No				
	If you answered "No" to either 6a or 6b, the plan cannot use Form	orm 5500-	SF and must instead use Form 550	00.					
	art III Financial Information	1, 1	1	_					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
d h	Total plan liabilities	7a	477,72	6					
	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7b	455.50	_					
8	Income, Expenses, and Transfers for this Plan Year	7c	477,72	· · · · · · · · · · · · · · · · · · ·					
a	Contributions received or receivable from:		(a) Amount	<del></del>	(b) Total				
	(1) Employers	8a(1)	62	7					
	(2) Participants	8a(2)	11,63	38					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	76,37	1					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			88,63				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	565,54	7					
е	Certain deemed and/or corrective distributions (see instructions)	8e	303,34	4					
·f	Administrative service providers (salaries, fees, commissions)	8f		┤ '.					
g	Other expenses	8g	81	5					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		<del>-</del>	566,36				
i	Net income (loss) (subtract line 8h from line 8c)	8i		+	(477,726				
j	Transfers to (from) the plan (see instructions)			+	(477,720				
-									

		Form 5500-SF 2009 Page <b>2</b> -						
Pai	t IV	Plan Characteristics						
9a b	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2F 2G 2J 2K 3D  plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char						
Par	f V	Compliance Questions						
10		ing the plan year:		Yes	No	<u> </u>		
а	Was	s 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	163	Х		Amount	
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		х			
С	Wa	s the plan covered by a fidelity bond?	10c	Х				0,00
d	Did	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		Х			0,00
е	Wer	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		Х			· .
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X			
i	lf 10	th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i			,		
Part		Pension Funding Compliance						
11 12	5500	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com )))						X No
а	(If "Y If a v	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver.  Mon	ctions.	and e	nter th	e date of th	e letter rulir	 na
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Duy.			
b	Ente	r the minimum required contribution for this plan year		Г	12b			
С		r the amount contributed by the employer to the plan for this plan year		[	12c			
d	Subt nega	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)	of a		12d			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?	<u></u>			Yes	No 📗	N/A
<sup>2</sup> art	VII	Plan Terminations and Transfers of Assets				"""		
13a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?					X Yes	No
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
	Were of the	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	under	the co	ntrol	·	X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne plar	n(s) to				
1	3c(1)	Name of plan(s):		130	:(2) EII	V(s)	13c(3) F	PN(s)
				··		<del>. ,</del>		
Czut	pon.	penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is e	establi	shed.		
2	₽.	Ities of period and other penalties set forth in the instructions, I declare that I have examined this return/ duly MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ rue correct and injected.	rn/ren	ort in	cluding	if annlical	ole, a Sched nowledge a	dule

Date

Date

Signature of plan administrator

Signature of employer/plan sponsor

SIGN C

Orlin Reinbold

Orlin Reinbold

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor