## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration 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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

Р	ension Be	enefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 55	00-SF.	1115	pection	
Pa	art I	Annual Report le	dentification Information				•		
For	calenda	ar plan year 2010 or fisc	cal plan year beginning 01/01/201	0	and ending	03/31/2	2010		
A	This ret	urn/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan	
		:urn/report is for:	first return/report	final retur	n/report		_		
			an amended return/report	short plan	year return/report (less than 12 m	onths)			
C	Chack h	box if filing under:	☐ Form 5558 ☐		extension	,	☐ DFVC progra	m	
C	CHECK	oox ii iiiiiig under.	special extension (enter description		Octoriolori		bi vo progre		
De	- w4 II	Pasia Dian Infor	<u> </u>	,					
	art II		mation—enter all requested inform	ation		1h	Three-digit		
	Name		TES, PLLC RETIREMENT PLAN			15	plan number		
OL7 (I		BOWERO a MOOCOIM	reo, reconcernation real				(PN) <b>•</b>	001	
						1c	Effective date of	fplan	
							01/01/2	002	
			ress (employer, if for single-employer	plan)		2b	Employer Identif		nber
JEAN	NEITE	BOWERS WEAVER, PI	LLC			20	(EIN) 91-2100 Plan sponsor's t		umbor
	P.O. BOX 3445					20	425-822	2-0630	unbei
KIRK	LAND,	WA 98083				2d	Business code (	see instruc	tions)
							541110		
JEAN	Plan ad NETTE	dministrator's name and BOWERS WEAVER, Pl	d address (if same as Plan sponsor, e LLC P.O. BOX 34	enter "Same 145	∍")	36	Administrator's I		
		,	KIRKLAND,	WA 98083		3c	Administrator's t		umber
							425-822	2-0630	
	4 If the name and/or EIN of the plan sponsor has changed since the la				port filed for this plan, enter the	4b	EIN		
	name, E	=IN, and the plan number	er from the last return/report. Sponso	or's name		4c	PN		
5a	Total r	number of participants a	at the beginning of the plan year			+			2
b									0
C						. 30			
			with account balances as of the cha c		•	. 5c			0
6a	Were	all of the plan's assets	during the plan year invested in eligib	le assets?	(See instructions.)			X Yes	No
b			he annual examination and report of					— 	_ 
			(See instructions on waiver eligibility		•			Yes	No
Pa	rt III	Financial Inform	her 6a or 6b, the plan cannot use F	Orm 5500-	SF and must instead use Form 5	500.			
7		Assets and Liabilities			(a) Basinning of Vac		(b) End	of Voor	
_				70	(a) Beginning of Year	)1	(b) End	OI Teal	0
a b				. 7a . 7b					
C			7b from line 7a)		4060	)1			0
8		e, Expenses, and Trans		/C	(a) Amount		(b) T	otal	
а		butions received or rece			(a) Amount		(b) T	Jiai	
-				. 8a(1)					
	<b>(2)</b> Pa	articipants		. 8a(2)					
	(3) Ot	thers (including rollovers	s)	. 8a(3)					
b	Other	income (loss)		. 8b	-183	37			
С	Total i	ncome (add lines 8a(1),	, 8a(2), 8a(3), and 8b)	. 8c					-1837
d			rollovers and insurance premiums		3876	54			
_				. 8d	3070				
e			ctive distributions (see instructions)						
Ť		·	ers (salaries, fees, commissions)						
g		·		_					38764
h			8e, 8f, and 8g)						-40601
į		, , ,	e 8h from line 8c)						-4000 I
J	I ransf	ters to (trom) the plan (s	see instructions)	· 8j					

	F	Form 5500-SF 2010 Page <b>2-</b>					
Par	t IV	Plan Characteristics					
		plan provides pension benefits, enter the applicable pension feature codes from the List of Pl 2G 2J 2K 2T 3D	lan Charac	teris	tic Co	des in	the instructions:
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan	an Charact	erist	ic Cod	des in t	the instructions:
Part	V	Compliance Questions					
10	Duri	ng the plan year:			Yes	No	Amount
а		there a failure to transmit to the plan any participant contributions within the time period desc CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		0a		X	
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions rene 10a.)		0b		X	
С	Was	s the plan covered by a fidelity bond?	1	0с		X	
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused b shonesty?		0d		X	
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carr rance service or other organization that provides some or all of the benefits under the plan? (suctions.)	See	0e		X	
f	Has	the plan failed to provide any benefit when due under the plan?	<i>.</i>	Of		X	
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	1	0g		X	
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	1	0h		Х	
i		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		l0i			
Part	VI	Pension Funding Compliance					
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions					
12	(If "Y	his a defined contribution plan subject to the minimum funding requirements of section 412 of to complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					

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	<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)		12d			
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets				

## 

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?....

ontrol X Yes No

\_ Day \_\_

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.)

 13c(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.

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.	09/17/2010	JEANETTE WEAVER
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 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.

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information	^			200-200-200-200-200-200-200-200-200-200				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010	0	and ending 0	3/31/2	2010				
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   X	final return	n/report		_				
	an amended return/report	short plan	year return/report (less than 12 mor	nths)					
C	Check box if filing under: Form 5558	10	extension		DFVC program				
Ö			CALCHSION		brvc program				
-	special extension (enter descriptio								
	art II   Basic Plan Information—enter all requested information	alion		41					
	Name of plan			16	Three-digit plan number				
JEA	NETTE BOWERS & ASSOCIATES, PLLC RETIREMENT PLAN				(PN) DO1				
				1c	Effective date of plan				
		¥			01/01/2002				
	Plan sponsor's name and address (employer, if for single-employer		2b	Employer Identification Number					
JEA	NETTE BOWERS WEAVER, PLLC				(EIN) 91-2106235				
D O	BOX 3445			2c	Plan sponsor's telephone number 425-822-0630				
	KLAND WA 98083		24						
				Zu	Business code (see instructions) 541110				
	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same	11)	3b	Administrator's EIN				
SAM	E		57		91-2106235				
				3с	Administrator's telephone number 425-822-0630				
4	f the name and/or EIN of the plan sponsor has changed since the las	et roturn/ro	part filed for this plan, enter the	41-					
	name, EIN, and the plan number from the last return/report. Sponso		port filed for this plant, enter the	40	EIN				
					C PN				
5a	5a Total number of participants at the beginning of the plan year			5a	2				
b	b Total number of participants at the end of the plan year			5b	0				
C	Total number of participants with account balances as of the end of	the plan y	ear (defined benefit plans do not		1 00000 Brazella				
	complete this item)			_5c	0				
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)		🛚 🖺 Yes 📗 No				
D	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indepen	dent qualified public accountant (IQI	PA)	⊠ Yes ∏ No				
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	 nn	[7] Tes [] No				
Pa	rt III Financial Information		The state of the s						
7	Plan Assets and Liabilities		(a) Beginning of Year	T "	(b) End of Year				
а	Total plan assets	7a	40601	-	(b) End of real				
	Total plan liabilities	7b		-					
	Net plan assets (subtract line 7b from line 7a)	7c	40601		0				
8	Income, Expenses, and Transfers for this Plan Year	70		-					
	Contributions received or receivable from:		(a) Amount	+	(b) Total				
_	(1) Employers	8a(1)							
	(2) Participants	8a(2)		7					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-1837	7					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		+	-1837				
d	Benefits paid (including direct rollovers and insurance premiums		View agreed of	_					
	to provide benefits)	8d	38764						
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	50000		38764				
i	Net income (loss) (subtract line 8h from line 8c)	8i			-40601				
j	Transfers to (from) the plan (see instructions)	8j		+					
-	Pananyark Padurtian Act Nation and OMP Control Numbers and the limited	ره		1					

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Page	2-	1

Form	5500	-SF	2010	١
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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: 2E 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:

				- AND							
Part	V	Compliance Questions	ii:								
10		ing the plan year:		_		Yes	No		Amoun	ŧ	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		х				
b		re there any nonexempt transactions with any party-in-interest? (Dine 10a.)			10b		х				
C		s the plan covered by a fidelity bond?		-	10c	ı	Х	3.85.00	3.41		-,
d	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	37/5 36 37 37 37 37 37 37 37 37 37 37 37 37 37										
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.)		10a		Х				3.5
h	If th 252	is is an individual account plan, was there a blackout period? (See 0.101-3.)	instructions and 29	O CFR	10h		х	, =	150	-	
i	If 1	Oh was answered "Yes," check the box if you either provided the re eptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the	10i						
Part	VI	Pension Funding Compliance			150.00		7		1-(-		
11	ls th 550	is a defined benefit plan subject to minimum funding requirements	? (If "Yes," see inst	ructions and comp	lete S	Schedu	ıle SB	(Form		es 🛛	No
12		nis a defined contribution plan subject to the minimum funding requ								s X	No
lf y	If a gran ou o	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable waiver of the minimum funding standard for a prior year is being ar hing the waiver	mortized in this plar  3 (Form 5500), and	Month I skip to line 13.	ı		Day_	e date of th	e letter Year	ruling	one.
b		er the minimum required contribution for this plan year				12 PM	12b				
d	Sub	er the amount contributed by the employer to the plan for this plan tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a mine	us sian to the left o	fa		12c 12d				
е		the minimum funding amount reported on line 12d be met by the fi					<u>-</u>	Yes	] No	П	
Part		Plan Terminations and Transfers of Assets	unding deadline	***************************************		*********	****	res	INO	الل	N/A
	202525	a resolution to terminate the plan been adopted during the plan ye		-0	-				X Y		KIES
, ou		es," enter the amount of any plan assets that reverted to the employer					 13a		X Y	s	No 0
b	Wer	re all the plan assets distributed to participants or beneficiaries, traine PBGC?	nsferred to another	plan, or brought ur	nder t	he cor	CANCELL SECTION		X Y	ъ П	
С	lf dı	ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify the	e plan	(s) to	****			,s 🗀	140
1	3c(1	Name of plan(s):				13c	(2) EIN	V(s)	13c	(3) PN	l(s)
								***			
2 -280											
		A penalty for the late or incomplete filing of this return/report									
2R of	Sch	nalties of perjury and other penalties set forth in the instructions, I cedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	s the electronic vers	sion of this return/re	eport,	ort, inc	cluding the b	, if applicat est of my k	ile, a S nowled	chedu ge and	le d
SIGN		Rand Have	9/15/2010	JEANETTE WEA	VER					-	
HER	E	Signature of plan administrator	Date	Enter name of ind	lividu	al sign	ing as	plan admin	istrator	3	
SIGN	- 1	Size two of an almost i			0.000000	-					
	Signature of employer/plan sponsor Date Enter name of				individual signing as employer or plan sponsor						