## 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).

2000

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Pe	Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500-SF.								
	Part I Annual Report Identification Information								
For	For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009								
A	This return/report is for:	ingle-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan		
	This return/report is for:  I first return/report  I an amended return/report  I short plan year return/report (less than 12 months)								
•		·			· _				
C		form 5558		extension	DFVC program				
		pecial extension (enter description	•						
Pa	art II   Basic Plan Informat	cion—enter all requested inform	ation						
	Name of plan				1b	Three-digit			
THE	LAW OFFICES OF ANDREW C. BO	OHRNSEN, P.S. 401(K) PLAN				plan number	001		
					4 -	(PN) •			
					10	Effective date of 01/01/1			
22	Dian ananagia nama and address	(ampleyer if for single ampleyer	- nlan)		2h				
	Plan sponsor's name and address LAW OFFICES OF ANDREW C. BO		pian)		20	Employer Identification (EIN) 91-173		mber	
	2.00 0.1 1020 0.7 7.020.20 0. 20	5111116E1111.5.			2c	Plan sponsor's t		number	
	HUTTON BUILDING					509-83			
SPO	KANE, WA 99201-3708				2d	Business code (		ctions)	
					01	541110			
	Plan administrator's name and add LAW OFFICES OF ANDREW C. BO				30	Administrator's 91-173			
TITLE	LAW OF FICES OF ANDREW C. B.	SPOKANE,			30			number	
					30	3c Administrator's telephone number 509-838-2688			
<b>4</b> If	f the name and/or EIN of the plan sp	ponsor has changed since the la	st return/re	port filed for this plan, enter the	4b EIN				
r	name, EIN, and the plan number fro	om the last return/report. Sponso	or's name		4c				
oa	5a Total number of participants at the beginning of the plan year							5	
b	b Total number of participants at the end of the plan year							5	
С	Total number of participants with a			` .	F			-	
	complete this item)								
	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
D	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
Pa	Part III Financial Information								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
	Total plan assets		. 7a	335127	,	(3) =::0	<u> </u>	404548	
b	Total plan liabilities								
C	Net plan assets (subtract line 7b fro			335127	,			404548	
8	Income, Expenses, and Transfers	·	70			(b) T		10 10 10	
а	Contributions received or receivable			(a) Amount		(b) 1	Otal		
u		nployers							
					0796				
	(3) Others (including rollovers)		` `						
b	Other income (loss)			74219	,				
C	Total income (add lines 8a(1), 8a(2			7 1210				106254	
d	Benefits paid (including direct rollo		60					100204	
J	to provide benefits)		. 8d	36748	3				
е	,	n deemed and/or corrective distributions (see instructions) 8e							
f	Administrative service providers (salaries, fees, commissions)								
g	Other expenses								
h	Total expenses (add lines 8d, 8e, 8							36833	
i	Net income (loss) (subtract line 8h	= :						69421	
i	Transfers to (from) the plan (see in								
j			· 8j	1					

Dorf IV	Plan Characteristics
Part IV	Plan Characteristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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 2F 3D 2T

D	11 1111	plan provides wellare beliefits, effer the applicable wellare feat	ure codes from the	List Of Flatt Criara	Cleris	lic Co	ues III	uie iiisuu	olions.			
Part	٧	Compliance Questions										
10	During the plan year:						No		Amour	nt		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						X					
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						X					
С	C Was the plan covered by a fidelity bond?					X				80000		
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?											
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	f year end.)		10g	X				28252		
h		s is an individual account plan, was there a blackout period? (Sec. 0.101-3.)			10h		X					
i		h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.			10i							
Part '	VI	Pension Funding Compliance										
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))											
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?											
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)											
	<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver											
granting the waiver												
	42h											
С	Ente	r the amount contributed by the employer to the plan for this plan	ı year			[	12c					
d	Sub	ract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a min	us sign to the left	of a		12d					
е								N/A				
Part '	VII	Plan Terminations and Transfers of Assets										
13a	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	ır?					П	es X No		
	If "Y	es." enter the amount of any plan assets that reverted to the emp	lover this vear			Г	13a					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year											
C 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;	13c(1) Name of plan(s):						<b>13c(2)</b> EIN(s)			<b>(3)</b> PN(s)		
Cauti	on:	A penalty for the late or incomplete filing of this return/report	t will be assessed	unless reasonab	le car	ıse is	establ	lished.				
Under SB or	per Sch	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have	examined this retu	ırn/re <sub>l</sub>	port, ir	ncludin	g, if applic	,			
SIGN	F	led with authorized/valid electronic signature.	09/23/2010	ANDREW C. BO	HRNSEN							
HERE	- [	Signature of plan administrator Date Enter name of in			ndividi	dividual signing as plan administrator						

Date

Date

Enter name of individual signing as plan administrator

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.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Fo	artilia Annual Report Identification Information realendar plan year 2009 or fiscal plan year beginning	01/01/	2009 and ending		12/31/2009				
		,							
			-employer plan (not multiemployer)		one-participant plan				
8	This return/report is for:   first return/report	1	ırn/report		•				
_	☐ an amended return/report	<del>-</del>	an year return/report (less than 12 mo	nths)					
C	Check box if filing under: X Form 5558	J	ic extension		DFVC program				
7-5 1-6-5	special extension (enter descripti	•							
	art [] Basic Plan Information—enter all requested inform	ation							
та	Name of plan The Law Offices of Andrew C. Bohrnsen, I			1b	Three-digit				
	401(k) Plan				plan number (PN) 001				
	401(K) Plan	1c	Effective date of plan						
_					01/01/1996				
Za	Plan sponsor's name and address (employer, if for single-employer The Law Offices of Andrew C.	plan)	•	2b	Employer Identification Number				
	Bohrnsen P.S.		•	25	(EIN) 91-1739320 Plan sponsor's telephone number				
	300 Hutton Building			20	(509) 838-2688				
	~			2d	Business code (see instructions)				
32	Spokane Plan administrator's name and address (if some as Plan appears of	ntor "Com	WA 99201-3708	21-	541110				
Ou	Plan administrator's name and address (if same as Plan sponsor, esame	enter San	ie ) · ··	SD	Administrator's EIN				
	•		**************************************	3с	Administrator's telephone number				
	Ethorogon and to PIN of the allowed		8. 17.		•				
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponso	st return/r <sub>i</sub> or's name	eport filed for this plan, enter the	4b	EIN				
			•	4c	PN				
5a	Total number of participants at the beginning of the plan year		- 144.1.	5a	. 5				
b	Total number of participants at the end of the plan year	5b	5						
C	Total number of participants with account balances as of the end of	f the plan	year (defined benefit plans do not		•				
	complete this item)			5c	5				
ъa ь	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
D	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
<del>(1.000=0.0</del>	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities	HEELE.	(a) Beginning of Year		(b) End of Year				
a	Total plan assets		335,12	7	404,548				
	Total plan liabilities				<u>:</u>				
_	Net plan assets (subtract line 7b from line 7a)		335,12	7	404,548				
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	11,23	اه					
	(2) Participants	8a(2)	20,79	<b>-</b> (≥ ≥ ) *	TO THE BUILDING STATE OF THE ST				
	(3) Others (including rollovers)	8a(3)	20113		。 Application				
b	Other income (loss)	8b	74,21		경기를 보고 하는 경기에 되는 그 그 그 그 그래요. 그는 그렇게 되는 것이 되는 것이 되었다. 그 그 그 그래요. 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		3	106,254				
d	Benefits paid (including direct rollovers and insurance premiums			1.00					
_	to provide benefits)	. 8d	36,74	3	and the second of the second o				
e	Certain deemed and/or corrective distributions (see instructions)	8e	•						
f	Administrative service providers (salaries, fees, commissions)	8f	85	<u> </u>	장물의 사용하는 경기 등 기계 현실 기계				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			36,833				
i :	Net income (loss) (subtract line 8h from line 8c)	8i			69,421				
J	Transfers to (from) the plan (see instructions)	8j		150 A					
ror F	aperwork Reduction Act Notice and OMB Control Numbers, see the Instructio	ns for Form	1 5500-SF.		Form 5500-SF (2009)				

Form	5500	-SF	2009

	Form 5500-SF 2009 Page <b>2-</b>						
Pa	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	racteri	stic Co	des in	the instruct	ions:	
_	2E 2G 2J 2K 2F 3D 2T						
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Co	des in	the instructi	ons:	
Par	V Compliance Questions						
10	During the plan year:		Yes	No		Amount	1.
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 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.)	10b		х			
C	Was the plan covered by a fidelity bond?	10c	х				80,000
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	,	х			
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					
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	х			• ,	28,252
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				1	
Part	VI Pension Funding Compliance		'		l		<del></del>
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))	plete	Sched	ule SE	(Form	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod					Yes	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						بيا
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth	and e	nter th Day	e date of th		
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13,		_				
	Enter the minimum required contribution for this plan year		_	12b			*
	Enter the amount contributed by the employer to the plan for this plan year			12c	•		
	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)						
- 17 m	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		•				
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>			Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	******		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)	he plar	n(s) to			•	
1	3c(1) Name of plan(s):		130	(2) El	N(s)	13c(3	) PN(s)
					•		
			<u></u>	<del></del>			
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	le cau	se is e	establ	ished.	1	_
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return , it is true, correct, and complete.	urn/ren	ort. in	cluding	. if applicab	le, a Sch nowledge	edule and

SIGN/	LANGUE .	. 5.47.	Andrew C. Bohrnsen
HERE	Signature of plan administrator	Date 9-22-16	Enter name of individual signing as plan administrator
SIGN HERE	1116618	ा १५६३५	Andrew C. Bohrnsen
	Signature of employer/plan sponsor	Date 9-77-16	Enter name of individual signing as employer or plan sponsor