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| <b>Form 5500-SF</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Short Form Annual Return/Report of Small Employee Benefit Plan</b><br><br>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).<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500-SF.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|---|---|

|  |   |
|--|---|
| <b>Part I</b>  | <b>Annual Report Identification Information</b>   |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 |   |
| <b>A</b> This return/report is for:  | <input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan  |
| <b>B</b> This return/report is for:  | <input type="checkbox"/> first return/report <input type="checkbox"/> final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> short plan year return/report (less than 12 months) |
| <b>C</b> Check box if filing under:  | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program<br><input type="checkbox"/> special extension (enter description)                          |

|   |   |
|---|---|
| <b>Part II</b>  | <b>Basic Plan Information</b> —enter all requested information      |
| <b>1a</b> Name of plan<br>CECIL R. WHITLOCK CPA, INC. P.S. DEFINED BENEFIT PLAN   | <b>1b</b> Three-digit plan number (PN) ▶ 001                        |
|   | <b>1c</b> Effective date of plan 01/01/2004                         |
| <b>2a</b> Plan sponsor's name and address (employer, if for single-employer plan)<br>CECIL R. WHITLOCK CPA, INC. P.S.<br><br>311 NAVAL AVENUE<br>BREMERTON, WA 98312  | <b>2b</b> Employer Identification Number (EIN) 91-1412858           |
|   | <b>2c</b> Plan sponsor's telephone number 360-479-7922              |
|   | <b>2d</b> Business code (see instructions) 541211                   |
| <b>3a</b> Plan administrator's name and address (if same as Plan sponsor, enter "Same")<br>CECIL R. WHITLOCK CPA, INC. P.S. 311 NAVAL AVENUE<br>BREMERTON, WA 98312   | <b>3b</b> Administrator's EIN 91-1412858                            |
|   | <b>3c</b> Administrator's telephone number 360-479-7922             |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name                | <b>4b</b> EIN   |
|   | <b>4c</b> PN  |
| <b>5a</b> Total number of participants at the beginning of the plan year .....  | <b>5a</b> 3   |
| <b>b</b> Total number of participants at the end of the plan year .....   | <b>5b</b> 3   |
| <b>c</b> Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) .....  | <b>5c</b>   |
| <b>6a</b> Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</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.) ..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.   |   |

|  |                                       |
|--|---------------------------------------|
| <b>Part III</b>  | <b>Financial Information</b>          |
| <b>7</b> Plan Assets and Liabilities   |                                       |
|  | (a) Beginning of Year (b) End of Year |
| <b>a</b> Total plan assets .....   | <b>7a</b> 284910 563648               |
| <b>b</b> Total plan liabilities .....  | <b>7b</b> 0 0                         |
| <b>c</b> Net plan assets (subtract line 7b from line 7a) .....                                       | <b>7c</b> 284910 563648               |
| <b>8</b> Income, Expenses, and Transfers for this Plan Year  |                                       |
|  | (a) Amount (b) Total                  |
| <b>a</b> Contributions received or receivable from:  |                                       |
| (1) Employers .....  | <b>8a(1)</b> 184000                   |
| (2) Participants .....   | <b>8a(2)</b> 0                        |
| (3) Others (including rollovers) .....   | <b>8a(3)</b> 0                        |
| <b>b</b> Other income (loss) .....   | <b>8b</b> 94738                       |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....                                  | <b>8c</b> 278738                      |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) ..... | <b>8d</b> 0                           |
| <b>e</b> Certain deemed and/or corrective distributions (see instructions) .....                     | <b>8e</b> 0                           |
| <b>f</b> Administrative service providers (salaries, fees, commissions) .....                        | <b>8f</b> 0                           |
| <b>g</b> Other expenses .....  | <b>8g</b>                             |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....   | <b>8h</b> 0                           |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c) .....                                     | <b>8i</b> 278738                      |
| <b>j</b> Transfers to (from) the plan (see instructions) .....                                       | <b>8j</b>                             |

**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:

1A

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**Part V Compliance Questions**

| 10       | During the plan year:   | Yes | No | Amount |
|----------|---|-----|----|--------|
| <b>a</b> | 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</b> | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....   |     | X  |        |
| <b>c</b> | Was the plan covered by a fidelity bond? .....  | X   |    | 500000 |
| <b>d</b> | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....  |     | X  |        |
| <b>e</b> | 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.) ..... |     | X  |        |
| <b>f</b> | Has the plan failed to provide any benefit when due under the plan? .....   |     | X  |        |
| <b>g</b> | Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....   |     | X  |        |
| <b>h</b> | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....   |     |    |        |
| <b>i</b> | 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 .....  |     |    |        |

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ..... ☒ Yes ☐ No

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No  
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

**a** 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. .... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

|  |            |  |
|--|------------|--|
| <b>b</b> Enter the minimum required contribution for this plan year.....   | <b>12b</b> |  |
| <b>c</b> Enter the amount contributed by the employer to the plan for this plan year.....  | <b>12c</b> |  |
| <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) ..... | <b>12d</b> |  |

**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**

**13a** Has a resolution to terminate the plan been adopted during the plan year or any prior year? ..... ☐ Yes ☒ 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? ..... ☐ Yes ☒ No

**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.)

| 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.

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/12/2010 | CECIL WHITLOCK   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |

|  |  |   |
|--|--|---|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|---|

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|   |   |
|---|---|
| <b>A</b> Name of plan<br>CECIL R. WHITLOCK CPA, INC. P.S. DEFINED BENEFIT PLAN  | <b>B</b> Three-digit plan number (PN) ▶ 001   |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>CECIL R. WHITLOCK CPA, INC. P.S.                              | <b>D</b> Employer Identification Number (EIN)<br>91-1412858   |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|   |   |
|---|---|
| <b>Part I</b>   | <b>Basic Information</b>                      |
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2009  |   |
| <b>2</b> Assets:  |   |
| <b>a</b> Market value .....   | <b>2a</b> 284910                              |
| <b>b</b> Actuarial value .....  | <b>2b</b> 284910                              |
| <b>3</b> Funding target/participant count breakdown   |   |
|   | (1) Number of participants (2) Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....   | <b>3a</b> 0 0                                 |
| <b>b</b> For terminated vested participants .....   | <b>3b</b> 0 0                                 |
| <b>c</b> For active participants:   |   |
| (1) Non-vested benefits .....   | <b>3c(1)</b> 0                                |
| (2) Vested benefits .....   | <b>3c(2)</b> 563419                           |
| (3) Total active .....  | <b>3c(3)</b> 3 563419                         |
| <b>d</b> Total .....  | <b>3d</b> 3 563419                            |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) .....   | <input type="checkbox"/>                      |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                                     |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                     |
| <b>5</b> Effective interest rate .....  | <b>5</b> 5.60 %                               |
| <b>6</b> Target normal cost .....   | <b>6</b> 139123                               |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|   |  |  |
|---|--|--|
| <b>SIGN HERE</b>  |  | 10/11/2010                             |
| Signature of actuary  |  | Date                                   |
| KAREN DUNN, EA, MSPA, QPA                                       |  | 08-05142                               |
| Type or print name of actuary                                   |  | Most recent enrollment number          |
| INDEPENDENT ACTUARIES, INC.                                     |  | 503-520-0848                           |
| Firm name   |  | Telephone number (including area code) |
| 15725 SW GREYSTONE COURT, SUITE 102<br>BEAVERTON, OR 97006-6016 |  |  |
| Address of the firm   |  |  |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2009**  
**v.092308.1**

| Part II Beginning of year carryover and prefunding balances |   | (a) Carryover balance | (b) Prefunding balance |
|---|---|-----------------------|------------------------|
| 7   | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 4011                  | 0                      |
| 8   | Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 0                     | 0                      |
| 9   | Amount remaining (Item 7 minus item 8).....   | 4011                  | 0                      |
| 10  | Interest on item 9 using prior year's actual return of <u>-77.63</u> % .....                    | -3114                 | 0                      |
| 11  | Prior year's excess contributions to be added to prefunding balance:                            |                       |                        |
| a   | Excess contributions (Item 38 from prior year) .....  |                       | 237128                 |
| b   | Interest on (a) using prior year's effective rate of <u>5.72</u> % .....                        |                       | 13564                  |
| c   | Total available at beginning of current plan year to add to prefunding balance .....            |                       | 250692                 |
| d   | Portion of (c) to be added to prefunding balance.....   |                       | 0                      |
| 12  | Reduction in balances due to elections or deemed elections.....                                 | 0                     | 0                      |
| 13  | Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....               | 897                   | 0                      |

| Part III Funding percentages |   |    |          |
|------------------------------|---|----|----------|
| 14                           | Funding target attainment percentage.....   | 14 | 50.40 %  |
| 15                           | Adjusted funding target attainment percentage.....  | 15 | 50.40 %  |
| 16                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | 16 | 133.52 % |
| 17                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....  | 17 | 50.56 %  |

| Part IV Contributions and liquidity shortfalls                                    |                                   |                                 |                          |                                   |                                 |
|---|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)  | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 10/14/2009  | 184000                            | 0                               |                          |                                   |                                 |
|   |                                   |                                 |                          |                                   |                                 |
|   |                                   |                                 |                          |                                   |                                 |
|   |                                   |                                 |                          |                                   |                                 |
|   |                                   |                                 |                          |                                   |                                 |
|   |                                   |                                 |                          |                                   |                                 |
| Totals ►  |                                   |                                 | 18(b)                    | 184000                            | 18(c) 0                         |

|   |   |        |
|---|---|--------|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |   |        |
| a Contributions allocated toward unpaid minimum required contribution from prior years.....                                   | 19a   | 0      |
| b Contributions made to avoid restrictions adjusted to valuation date .....   | 19b   | 0      |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....               | 19c   | 176309 |
| 20 Quarterly contributions and liquidity shortfalls:  |   |        |
| a Did the plan have a "funding shortfall" for the prior year? .....   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |        |
| b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                   | <input type="checkbox"/> Yes <input type="checkbox"/> No            |        |
| c If 20a is "Yes," see instructions and complete the following table as applicable:   |   |        |

| Liquidity shortfall as of end of Quarter of this plan year |         |         |         |
|--|---------|---------|---------|
| (1) 1st  | (2) 2nd | (3) 3rd | (4) 4th |
|  |         |         |         |

**Part V Assumptions used to determine funding target and target normal cost**

|  |                        |                        |                        |   |
|--|------------------------|------------------------|------------------------|---|
| <b>21</b> Discount rate:   |                        |                        |                        |   |
| <b>a</b> Segment rates:  | 1st segment:<br>5.41 % | 2nd segment:<br>6.09 % | 3rd segment:<br>6.41 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....   |                        |                        |                        | <b>21b</b> 4  |
| <b>22</b> Weighted average retirement age .....  |                        |                        |                        | <b>22</b> 62  |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |   |

**Part VI Miscellaneous items**

|  |   |
|--|---|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....                   | <b>27</b>   |

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|   |           |   |
|---|-----------|---|
| <b>28</b> Unpaid minimum required contribution for all prior years .....  | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (item 28 minus item 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|  |                     |                    |
|--|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....  | <b>31</b>           | 139123             |
| <b>32</b> Amortization installments:   | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....  | 245601              | 13754              |
| <b>b</b> Waiver amortization installment .....   | 0                   | 0                  |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....   | <b>34</b>           | 152877             |
|  | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....  | 0                   | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....   | <b>36</b>           | 152877             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....   | <b>37</b>           | 176309             |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....  | <b>38</b>           | 23432              |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....   | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....   | <b>40</b>           | 0                  |

**2009 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

**Actuarial Method for Minimum Required Contribution**

|   |   |
|---|---|
| Asset Valuation Method                                | Fair market value                             |
| Valuation Date  | First day of plan year                        |
| Yield Curve Selected                                  | 24-month average Segmented Yield Curve        |
| Segment Rate Transition Election                      | Phase-in elected                              |
| Lookback Month for Determining Segment Interest Rates | 4 <sup>th</sup> month prior to valuation date |

**Actuarial Assumptions for Minimum Required Contribution**

|                              |   |       |
|------------------------------|---|-------|
| Segment Interest Rates       | First Segment:  | 5.41% |
|                              | Second Segment:   | 6.09% |
|                              | Third Segment:  | 6.41% |
| Assumed Form of Payment      | Lump sum  |       |
| Lump Sum Payment Assumptions | Greater result of §417(e) applicable mortality and yield curve segments (above) as described in proposed IRS Regulations, and plan factors applying the appropriate yield curve segment to deferral period. |       |
| Assumed Commencement Date    | Actives-normal retirement date  |       |
| Weighted Retirement Age      | Age 62. Age is weighted on funding target.  |       |
| Mortality                    |   |       |
| Pre-Retirement               | None  |       |
| Post-Retirement              | See lump sum payment assumptions (above).   |       |

**Cecil R. Whitlock, CPA, Inc. P.S. Defined Benefit Plan**  
**EIN: 91-1412858 PN: 001**

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**2009 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**  
**(Continued)**

|                            |                                   |
|----------------------------|-----------------------------------|
| Salary Scale               | 3.0% for valuation year           |
| Turnover Rate              | No explicit assumption            |
| Expenses                   | None.                             |
| Future Annual Hours Worked | 1,000 or more in each future year |



|   |  |   |
|---|--|---|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|---|

|   |   |     |
|---|---|-----|
| For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>  |   |     |
| ► <b>Round off amounts to nearest dollar.</b>   |   |     |
| ► <b>Caution:</b> A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.                          |   |     |
| <b>A</b> Name of plan<br>CECIL R. WHITLOCK CPA, INC. P.S. DEFINED BENEFIT P   | <b>B</b> Three-digit plan number (PN) ►                     | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>CECIL R. WHITLOCK CPA, INC. P.S.  | <b>D</b> Employer Identification Number (EIN)<br>91-1412858 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |   |     |
| <b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |   |     |

|  |              |                            |                    |
|--|--------------|----------------------------|--------------------|
| <b>Part I Basic Information</b>  |              |                            |                    |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>  |              |                            |                    |
| <b>2</b> Assets:   |              |                            |                    |
| a Market value .....   | <b>2a</b>    | 284910                     |                    |
| b Actuarial value .....  | <b>2b</b>    | 284910                     |                    |
| <b>3</b> Funding target/participant count breakdown  |              | (1) Number of participants | (2) Funding Target |
| a For retired participants and beneficiaries receiving payment .....   | <b>3a</b>    | 0                          | 0                  |
| b For terminated vested participants .....   | <b>3b</b>    | 0                          | 0                  |
| c For active participants:   |              |                            |                    |
| (1) Non-vested benefits .....  | <b>3c(1)</b> |                            | 0                  |
| (2) Vested benefits .....  | <b>3c(2)</b> |                            | 563419             |
| (3) Total active .....   | <b>3c(3)</b> | 3                          | 563419             |
| d Total .....  | <b>3d</b>    | 3                          | 563419             |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>   |              |                            |                    |
| a Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>    |                            |                    |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>    |                            |                    |
| <b>5</b> Effective interest rate .....   | <b>5</b>     | 5.60%                      |                    |
| <b>6</b> Target normal cost .....  | <b>6</b>     | 139123                     |                    |

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                  |  |  |
|------------------|--|--|
| <b>SIGN HERE</b> | Karen Dunn, EA, MSPA, QPA<br><br>Signature of actuary<br><br>Karen Dunn, EA, MSPA, QPA<br><br>Type or print name of actuary<br><br>Independent Actuaries, Inc.<br><br>Firm name<br><br>15725 SW Greystone Court, Suite 102<br><br>Beaverton OR 97006-6016<br>Address of the firm | 10/11/2010<br><br>Date<br><br>0805142<br><br>Most recent enrollment number<br><br>503-520-0848<br><br>Telephone number (including area code) |
|------------------|--|--|



**Part II Beginning of year carryover and prefunding balances**

|  | (a) Carryover balance | (b) Prefunding balance |
|--|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 4011                  | 0                      |
| <b>8</b> Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 0                     | 0                      |
| <b>9</b> Amount remaining (Item 7 minus item 8) .....  | 4011                  | 0                      |
| <b>10</b> Interest on item 9 using prior year's actual return of <u>-77.63%</u> .....                    | -3114                 | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                           |                       |                        |
| <b>a</b> Excess contributions (Item 38 from prior year) .....  |                       | 237128                 |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>5.72%</u> .....                         |                       | 13564                  |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....            |                       | 250692                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....  |                       | 0                      |
| <b>12</b> Reduction in balances due to elections or deemed elections .....                               | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (item 9 + item 10 + item 11d - item 12) .....             | 897                   | 0                      |

**Part III Funding percentages**

|  |           |         |
|--|-----------|---------|
| <b>14</b> Funding target attainment percentage .....   | <b>14</b> | 50.40%  |
| <b>15</b> Adjusted funding target attainment percentage .....  | <b>15</b> | 50.40%  |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 133.52% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b> | 50.56%  |

**Part IV Contributions and liquidity shortfalls**

| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
|--|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| (a) Date<br>(MM-DD-YYYY)   | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 10/14/2009   | 184000                            | 0                               |                          |                                   |                                 |
|  |                                   |                                 |                          |                                   |                                 |
|  |                                   |                                 |                          |                                   |                                 |
|  |                                   |                                 |                          |                                   |                                 |
|  |                                   |                                 |                          |                                   |                                 |
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|  |                                   |                                 |                          |                                   |                                 |
|  |                                   |                                 |                          |                                   |                                 |
|  |                                   |                                 |                          |                                   |                                 |
|  |                                   |                                 |                          |                                   |                                 |
|  |                                   |                                 |                          |                                   |                                 |
|  |                                   |                                 |                          |                                   |                                 |
|  |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>  |                                   |                                 | <b>18(b)</b>             | 184000                            | <b>18(c)</b> 0                  |

|  |   |
|--|---|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |   |
| <b>a</b> Contributions allocated toward unpaid minimum required contribution from prior years .....                                  | <b>19a</b> 0  |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....   | <b>19b</b> 0  |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b> 176309   |
| <b>20</b> Quarterly contributions and liquidity shortfalls:  |   |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                   | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>c</b> If 20a is "Yes," see instructions and complete the following table as applicable:   |   |

Liquidity shortfall as of end of Quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---------|---------|---------|---------|
|         |         |         |         |

**Part V Assumptions used to determine funding target and target normal cost****21** Discount rate:**a** Segment rates:1st segment:  
5.41%2nd segment:  
6.09%3rd segment:  
6.41%☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

4

**22** Weighted average retirement age .....**22**

62

**23** Mortality table(s) (see instructions) ☒ Prescribed - combined☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment. .... **27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years .....**28**

0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) .....**29**

0

**30** Remaining amount of unpaid minimum required contributions (item 28 minus item 29) .....**30**

0

**Part VIII Minimum required contribution for current year****31** Target normal cost, adjusted, if applicable (see instructions) .....**31**

139123

**32** Amortization installments:

Outstanding Balance

Installment

**a** Net shortfall amortization installment .....

245601

13754

**b** Waiver amortization installment .....

0

0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount .....**33****34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) .....**34**

152877

Carryover balance

Prefunding balance

Total balance

**35** Balances used to offset funding requirement .....

0

0

0

**36** Additional cash requirement (item 34 minus item 35) .....**36**

152877

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) .....**37**

176309

**38** Interest-adjusted excess contributions for current year (see instructions) .....**38**

23432

**39** Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) .....**39**

0

**40** Unpaid minimum required contribution for all years .....**40**

0

**Cecil R. Whitlock, CPA, Inc. P.S. Defined Benefit Plan**  
**EIN: 91-1412858 PN: 001**

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**2009 Form 5500 Schedule SB, Part V – Summary of Plan Provisions**

1. Effective Date January 1, 2004.
2. Plan Year January 1 to December 31.
3. Plan Eligibility
  - Eligible Employees All employees except those whose retirement benefits are subject to collective bargaining, certain non-resident aliens with no US income, and the owners children.
  - Requirements Later of attainment of age 21 and completion of 1 year of service.
  - Entry date January 1 or July 1 coinciding with or next following completion of eligibility requirements.
4. Years of Service
  - Eligibility 12-Month period commencing on employee's date of hire during which the employee is credited with at least 1,000 hours; switches to plan year on anniversary of employee's date of hire if employee fails to complete 1,000 hours in first 12-month period.
  - Vesting Plan year during which employee is credited with at least 1,000 hours of service.
  - Benefit Plan year during which the participant is credited with at least 1,000 hours of service, excluding years prior to the effective date of the plan.
5. Normal Retirement
  - Eligibility The first day of the plan month coincident with or following the later of the participant's 62<sup>nd</sup> birthday or the 5<sup>th</sup> anniversary of plan entry.
  - Benefit 42.4% of average monthly compensation, reduced pro-rata for years of benefit service at retirement less than 7 years.
6. Early Retirement Not provided.

**Cecil R. Whitlock, CPA, Inc. P.S. Defined Benefit Plan**  
**EIN: 91-1412858 PN: 001**

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**2009 Form 5500 Schedule SB, Part V – Summary of Plan Provisions**  
**(Continued)**

7. Late Retirement

|             |  |
|-------------|--|
| Eligibility | Defer commencement of benefit beyond normal retirement date.   |
| Benefit     | Greater of prior year's accrued benefit actuarially increased for deferred commencement and benefit calculated under normal retirement formula, using additional years of compensation and benefit service, if applicable. |

8. Disability Benefit Not provided.

9. Death Benefit

|             |   |
|-------------|---|
| Eligibility | Death of participant prior to commencement of benefits. |
| Benefit     | Present value of accrued benefit.                       |

10. Termination Benefit

|             |  |
|-------------|--|
| Eligibility | Termination of employment for reasons other than retirement or death.            |
| Benefit     | A percentage of a participant's accrued benefit based on the following schedule: |

| <u>Years of Vesting Service</u> | <u>Vested Percent</u> |
|---------------------------------|-----------------------|
| Less than 2                     | 0%                    |
| 2                               | 20%                   |
| 3                               | 40%                   |
| 4                               | 60%                   |
| 5                               | 80%                   |
| 6 or more                       | 100%                  |

11. Compensation

|                 |   |
|-----------------|---|
| Limits          | \$200,000 as indexed; \$245,000 for plan years beginning in or after 2009.  |
| Plan            | W-2 income  |
| Average Monthly | Plan compensation averaged over the three consecutive plan years that produce the highest average, excluding compensation in a year during which an employee does not earn a year of benefit service. |

**2009 Form 5500 Schedule SB, Part V – Summary of Plan Provisions**  
**(Concluded)**

- |                               |   |
|-------------------------------|---|
| 12. Accrued Benefit           | A participant's normal retirement benefit calculated using projected years of benefit service at normal retirement and average monthly compensation as of the date of calculation, multiplied by a fraction, the numerator of which is the number of years of benefit service as of the date of calculation, and the denominator of which is the number of years of benefit service projected at normal retirement. |
| 13. Normal Form of Benefit    | Single life annuity.  |
| 14. Optional Forms of Benefit | Lump sum, joint & survivor annuity (50%, 100%).   |
| 15. Actuarial Equivalent      |   |
| Interest                      | 6.0% pre- and post-retirement.  |
| Mortality                     | Pre-retirement: None.<br>Post-retirement: 1994 Group Annuity Reserve, projected to 2002, blended 50% Male / 50% Female.   |
| §417(e)                       | Stability period is plan month; lookback month is first month preceding plan year.  |
| 16. Top-Heavy Provisions      | In the event the plan becomes top-heavy, certain provisions will apply. Generally, a plan is top-heavy if more than 60% of the total present value of accrued benefit and account balances are held for key employees, as defined in the Internal Revenue Code.   |
| Minimum Accrual               | Each non-key participant shall receive 2% of top-heavy monthly compensation for each year of top-heavy service, up to 10 years.   |
| Top-Heavy Compensation        | Plan compensation averaged over the five consecutive plan years that produce the highest average, excluding compensation in a year during which the plan is not top-heavy.  |
| Vesting                       | The regular vesting schedule meets the minimum requirements.  |
| Status                        | Plan is top-heavy.  |
| 17. Changes Since Last Report | None, other than application of increases in statutory limits.  |

**Cecil R. Whitlock, CPA, Inc. P.S. Defined Benefit Plan**  
**EIN: 91-1412858 PN: 001**

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**2009 Form 5500 Schedule SB, Line 32 – Schedule of Amortization Bases**

| <b>Existing Amortization Shortfall Bases</b> |                    |                           |               |                            |               |               |
|--|--------------------|---------------------------|---------------|----------------------------|---------------|---------------|
| Year of Origin                               | Installment Amount | <u>First Segment Rate</u> |               | <u>Second Segment Rate</u> |               | Present Value |
|  |                    | # of Payments             | Interest Rate | # of Payments              | Interest Rate |               |
| 2008   | 0                  | 5                         | 5.41%         | 1                          | 6.09%         | 0             |
| <hr/>  |                    |                           |               |                            |               |               |
| Total Existing:                              | 0                  |                           |               |                            |               | 0             |

| <b>Current Year Amortization Shortfall Base</b> |                     |                           |               |                            |               |               |
|---|---------------------|---------------------------|---------------|----------------------------|---------------|---------------|
| Year of Origin                                  | Installment Amount* | <u>First Segment Rate</u> |               | <u>Second Segment Rate</u> |               | Present Value |
|   |                     | # of Payments             | Interest Rate | # of Payments              | Interest Rate |               |
| 2009  | 13,754              | 5                         | 5.41%         | 2                          | 6.09%         | 245,601       |
| <hr/>   |                     |                           |               |                            |               |               |
| Total:  | 13,754              |                           |               |                            |               | 245,601       |

\*Reflects application of the 2+7 amortization under IRC Section 430(c)(2)(D)(ii)

**2009 Form 5500 Schedule SB, Line 22 – Description of Weighted Average Retirement Age**

Average retirement age is weighted on the Funding Target. Weighted average retirement is 62.