Form 5500-SF

Department of the Treasury Internal Revenue Service

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

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

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2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	rension Benefit Guaranty Corporation	▶ Complete all entries in accor	rdance wit	h the instructions to the Form 550	0-SF.			
		dentification Information						
For	calendar plan year 2009 or fisc	cal plan year beginning 11/01/200)9	and ending 1	0/31/2	2010		
Α.	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participar	nt plan	
В	This return/report is for:	first return/report	final retur	n/report		_		
		an amended return/report	short plar	year return/report (less than 12 mo	nths)			
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program	m	
	3 · · ·							
Da	art II Basic Plan Infor	special extension (enter descripti mation—enter all requested inform						
	Name of plan	mation—enter all requested inform	ialion		1h	Three-digit		
		ONS, INC. MONEY PURCHASE PE	NSION PL	AN	10	plan number		
. 7.0	III TO NORTHWEST GOLLLOTT	31.6, 11.6. M61.2.1.1 61.6.1.1.62.1.2	TTOTOTT L			(PN) •	001	
					1c	Effective date of	plan	
						11/01/19	3 83	
		ress (employer, if for single-employer	r plan)		2b	Employer Identifi		ber
PACI	IFIC NORTHWEST COLLECTI	ONS, INC.			0 -	(EIN) 91-0726 Plan sponsor's te		
040 [DACIEIC AVENUE				2C	umber		
	PACIFIC AVENUE OMA, WA 98402				2d	253-572 Business code (s		ions)
						561440	inoti doti	10110)
		d address (if same as Plan sponsor, e			3b	Administrator's E	IN	
PACI	IFIC NORTHWEST COLLECTI	ONS, INC. 819 PACIFIC TACOMA, V			91-0726272			
		17(00W/t, V	V/ (00-102		3c	Administrator's to 253-572		umber
4 1	f the name and/or FIN of the ni	an sponsor has changed since the la	et return/re	port filed for this plan, enter the	4b	-0000		
		er from the last return/report. Sponse		port med for this plan, effect the	40	EIIN		
					4c	PN		
5a	Total number of participants a	at the beginning of the plan year			5a			15
b	Total number of participants a	at the end of the plan year			5b			11
С	Total number of participants w	vith account balances as of the end c	of the plan v	vear (defined benefit plans do not				
					5c			11
6a	Were all of the plan's assets	during the plan year invested in eligib	ole assets?	(See instructions.)			X Yes	No
b		the annual examination and report of					V vaa	Пы
		(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 55	υυ.			
7				(a) Baninging (1)		/b) F., d	- (V	
=	Plan Assets and Liabilities		_	(a) Beginning of Year	-	(b) End		00000
	Total plan assets		7a					309380
b	·			(_			4190
<u>C</u>		7b from line 7a)	7с	272105)			805190
8	Income, Expenses, and Trans			(a) Amount		(b) To	otal	
а	Contributions received or received (1) Employers	eivable from: 	8a(1))			
	.,			(_			
					0			
h	, ,	s)			<u> </u>			
b	` ,	0-(0) 0-(0)101)		45323	23			45222
C C		, 8a(2), 8a(3), and 8b)	8c					45323
d	1 \	rollovers and insurance premiums	8d	8048	3			
е	Certain deemed and/or correct	ctive distributions (see instructions)	8e)			
f		ers (salaries, fees, commissions)		4190)			
g				(— i			
h	·	8e, 8f, and 8g)						12238
i		ne 8h from line 8c)						33085
i		see instructions)		(
			ı öl	(, ,			

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Part IV	Plan	Characteristics
railiv	гіан	CHALACIEH SUCS

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions

art	V Compliance Questions							
0	During the plan year:		Yes	No	Δ	mount		
-	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)	10a		X	<u> </u>			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	Χ				25	5000
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		Χ				
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 instructions.)	10e		X				
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 year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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						
art 1		-1-1- 1	0 - 1 1	OD	/ F			
•	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Ye	s X	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					X Ye	s	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				-			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	tions,	and e	nter th	e date of the	e letter i	uling	
	granting the waiver							_
	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			401				
	Enter the minimum required contribution for this plan year.		–	12b	0			
	Enter the amount contributed by the employer to the plan for this plan year			12c				0
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)		∟	12d	0			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	X	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>			X Ye	s	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to	under	the co	ntrol		П у	s X	No
С	of the PBGC?	ne plar	n(s) to				3 🖺	140
1	3c(1) Name of plan(s):		130	(2) EI	N(s)	13c(3) PN	l(s)
	or plante).			-(-)	(0)	,	-,	.(0)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable							
B or	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/or, it is true, correct, and complete.		,	,	, ,,	,		
SICE	Filed with authorized/valid electronic signature 01/12/2011 IOHN P. ANDER	SON						

SIGN 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 plan administrator

JOHN R. ANDERSON

JOHN R. ANDERSON

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

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2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection.

P	ension Benefit Guaranty Corporation	► Complete all entries in accord	ance with	the instructions to the Form 5500	-SF.			
Pa	irt I Annual Report Id	entification Information						
Fort	he calendar plan year 2009 or fi	iscal plan year beginning	11/01	/2009 and ending	10/	/31/2010		
Αī	his return/report is for:	single-employer plan	multiple-em	ployer plan (not multiemployer)		one-participant plan		
В٦	his return/report is for:	first return/report	final return/	report				
		an amended return/report	short plan y	ear return/report (less than 12 month	s)			
c d	Check box if filing under:	Form 5558	automatic e	extension	DFVC program			
special extension (enter description)					<u></u>	, ,		
De	rt II Basic Plan Inforn	nation enter all requested inform				WALLES		
	Name of plan	Tation enter all requested inform	пацоп.		1b T	-hree-digit		
	·		-		р	olan number		
	Pacific Northwest Coll	ections, Inc. Money Purch	nase Pen	sion Plan		PN) ► 001 Effective date of plan		
						1/01/1983		
2a	Plan sponsor's name and addres	ss (employer, if for single-employer pla	an)		2b E	Employer Identification Number		
	Pacific Northwest Coll	lections, Inc.				EIN) 91-0726272		
	819 Pacific Avenue					Plan sponsor's telephone number (253) 572-8600		
						Business code (see instructions)		
	Tacoma	WA 98402				561440		
3a	Plan administrator's name and a Same	ddress (If same as plan employer, en	ter "Same")		SD A	Administrator's EIN		
					3C A	Administrator's telephone number		
4		an sponsor has changed since the last from the last return. Sponsor's Name		ort filed for this plan, enter the	4b EIN			
	name, Em and the plan number	nom the last return. Sponsor's Name			4c F	PΝ		
5a	Total number of participants at the	ne beginning of the plan year			5a	15		
b		ne end of the plan year			5b	11		
С		account balances as of the end of th			5c	11		
-		ing the plan year invested in eligible a				<u> </u>		
b	Are you claiming a waiver of the	annual examination and report of an	independer	nt qualified public accountant (IQPA)				
	•	ee instructions on waiver eligibility and				XYes No		
_	· · · · · · · · · · · · · · · · · · ·	6a or 6b, the plan cannot use Form	1 5500-5F 8	ina must instead use Form 5500.				
	rt III Financial Informa	ation	SHERRE	(a) Basinaina of Van		(h) Fod of Voca		
7	Plan Assets and Liabilities			(a) Beginning of Year	-	(b) End of Year		
a b	Total plan assets Total plan liabilities		7a	272,105		309,380		
			7b	272,105		4,190 305,190		
<u>C</u>	Net plan assets (subtract line 7b	, , , , , , , , , , , , , , , , , , ,	. 7c					
8 a	Income, Expenses, and Transfer Contributions received or receive		nadal idelasija	(a) Amount	(SUST	(b) Total		
а	(1) Employers	adic HUIII.	. 8a(1)	0				
	(2) Participants		8a(2)	0				
	(3) Others (including rollovers).	. .	. 8a(3)	0				
b	Other income (loss)		. 8b	45,323				
C.	Total income(add lines 8a(1), 8a		. 8c		Ä	45,323		
d	Benefits paid (including direct ro	·		0.010	1915.00 1417.00			
_			8d	8,048				
e		ve distributions (see instructions)	. 8e	0				
†	•	(salaries, fees, commissions)	. 8f	4,190	\exists			
g			8g	0	gostin Ja	12,238		
h	•	e, 8f, and 8g)	8h		1.5 2.5	,		
į	Net income (loss) (subject line 8	•	. 8i		86 	33,085		
<u>j</u>	Transfers to (from) the plan (see	e instructions)	. 8j	0	WAS:			

	Form 5500-SF (2009)	P	age 2-						
Par	IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fea	ture codes from the Lis	st of Plan Character	istic (Codes	in the	instructions:		
b	2C 3D If the plan provides welfare benefits, enter the applicable welfare feature.	ure codes from the List	of Plan Characteris	stic Co	odes i	n the ir	structions:		
Par	t V Compliance Questions								
10	During the plan year:			****	Yes	No	An	nount	
	Was there a failure to transmit to the plan any participant contribution					x			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not include transac	tions reported	10a		x			
				10b	37				
c d	3			10c	Х			25,000	
u	or dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance services or other organization that provides some or all o								
	instructions.)			10e		Х			
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 year end.)		10g		х			
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)			10h		х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-			10i					
Par	t VI Pension Funding Compliance			•		•			
11	Is this a defined benefit plan subject to minimum funding requireme 5500))							Yes X No	
12									
a	granting the waiver		Mon						
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule N	/IB (Form 5500), and s	skip to line 13.		г				
b	,				_ F	12b C			
C C	Enter the amount contributed by the employer to the plan for this plan year						2c (
d	negative amount)				. L	12d 0			
Por	· · · · · · · · · · · · · · · · · · ·	ne funding deadline? .		•		• •	Yes	No X N/A	
	t VII Plan Terminations and Transfers of Assets		_					X Yes No	
13a	Has a resolution to terminate the plan been adopted during the plar If "Yes," enter the amount of any plan assets that reverted to the en								
b						13a		0	
i.	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?		oran, or brought und		e con			Yes X No	
c	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to another p	lan(s), identify the p	olan(s) to				
	13c(1) Name of plan(s):				13	3c(2) E	IN(s)	13c(3) PN(s)	
-									
Cau	tion: A penalty for the late or incomplete filing of this return/report	t will be assessed unl	ess reasonable ca	ا معد	e acts	hlicho			
Und	er penalties of perjury and other penalties set forth in the instructions, I	declare that I have ex	amined this return/r	eport,	inclu	ding, if	applicable, a		
	or Schedule MB completed and signed by an enrolled actuary, as well a structure, correct, and complete.		ir or triis return/repo	nt, an	u 10 (r	ie nest	or my knowle	age and	
	GN YOTHCHIC	JAW9,2011	John R. Ande	rso	n.				
HE	RE Signature of plan administrator	Date		me of individual signing as plan administrator					
	GN XXIICA/	JAN 9, 2011	JOHN R	BI	OF	K50	iv		
HE	ERE Signature of employer/plan sponsor	Date	Enter name of ind	lividua	al sign	ing as	employer or r	alan snonsor	