Form 5500-SF

Department of the Treasury

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.

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information 08/29/2010 For calendar plan year 2009 or fiscal plan year beginning and ending single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number OLYMPIC ADVISORS RETIREMENT PLAN 001 (PN) ▶ 1c Effective date of plan 10/01/2004 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number **OLYMPIC ADVISORS. LLC** 30-0195357 (EIN) 2c Plan sponsor's telephone number 360-456-0926 5831 HILL ROAD NE OLYMPIA, WA 98516 2d Business code (see instructions) 524290 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN **OLYMPIC ADVISORS, LLC** 5831 HILL ROAD NE 30-0195357 OLYMPIA, WA 98516 **3c** Administrator's telephone number 360-456-0926 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a **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 year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes 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. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 113698 0 a Total plan assets..... 7a **b** Total plan liabilities..... 7b \cap Net plan assets (subtract line 7b from line 7a)..... 7с 113698 0 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 8a(1) (1) Employers 0 (2) Participants 8a(2) 0 (3) Others (including rollovers)..... 8a(3) 1629 Other income (loss)..... 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с 1629 Benefits paid (including direct rollovers and insurance premiums 115327 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 8g 115327 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -113698 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

Form 5500-SF 2009	Page 2- 1
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Part IV	Plan	Characteristics

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

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

art	٧	Compliance Questions			ı			
0	Duri	ng the plan year:		Yes	No		Amou	ınt
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		Χ			
С	Was	s the plan covered by a fidelity bond?	10c		X			
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X			
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		X			
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X			
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR).101-3.)	10h		X			
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art	VI	Pension Funding Compliance						
1		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes X
2	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?		Yes X
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	gran	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th					
-		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		г		T		
b	Ente	r the minimum required contribution for this plan year			12b			
		r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)			12d			
е	Will 1	he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/
ırt	VII	Plan Terminations and Transfers of Assets						
₿a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>			X	Yes 1
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?					X	Yes 1
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th h assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to	١			
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)	13	3c(3) PN(s
auti	ion: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.		
Во	· Šche	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.						

SIGN	Filed with authorized/valid electronic signature.	03/31/2011	TREACY DUERFELDT
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	03/31/2011	TREACY DUERFELDT
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

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

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

P	art I Annual Report Identification Information								
For	the calendar plan year 2009 or fiscal plan year beginning	10/01	/2009	and ending	08/	29/2010			
Α	This return/report is for:	multiple-er	mployer plan (r	not multiemployer)		one-participant plan			
В	This return/report is for: first return/report	final return	/report	72					
	an amended return/report	short plan	year return/rep	ort (less than 12 mont	hs)				
С	Check box if filing under: Form 5558	automatic	extension		П	DFVC program			
	special extension (enter description)					2 5			
P	art II Basic Plan Information enter all requested inform	*							
	Name of plan	nauon.			1b T	hree-digit			
	OLYMPIC ADVISORS RETIREMENT PLAN				р	lan number			
	OLIMPIC ADVISORS RETIREMENT PLAN				(PN) ▶ 001 1c Effective date of plan				
						0/01/2004			
2a		an)			2b Employer Identification Number				
	OLYMPIC ADVISORS, LLC					EIN) 30-0195357			
	5831 HILL ROAD NE				A STATE OF THE STATE OF	lan sponsor's telephone number 360) 456-0926			
US	OLYMPIA WA 98516				The second secon	usiness code (see instructions)			
1077	Plan administrator's name and address (If same as plan employer, ent	er "Same")			dministrator's EIN			
ACT 1979	Same	or ourne			0.0	arriinistator 5 En V			
					3c A	dministrator's telephone number			
					00 //	diffinitionator o telephone number			
4	If the name and/or EIN of the plan sponsor has changed since the last	return/ren	ort filed for this	plan, enter the	4b EIN				
	name, EIN and the plan number from the last return/report. Sponsor's		or med for this	plan, enter the					
52	Total sumber of posticionate at the beginning of the view of				4c P	750			
b	Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year					0			
c	Total number of participants with account balances as of the end of the				30	0,			
<u></u>	complete this item)					0			
b b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and					XYes No			
-	If you answered "No" to either 6a or 6b, the plan cannot use Form								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities	. House many	(a) B	eginning of Year		(b) End of Year			
a	Total plan assets	7a		113,698		0			
b	Total plan liabilities	7b		0					
	Net plan assets (subtract line 7b from line 7a)	7c		113,698		0			
8	Income, Expenses, and Transfers for this Plan Year			a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		0					
	(2) Participants			0					
	(3) Others (including rollovers)			0					
b	Other income (loss)			1,629					
C	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				1,629			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	220							
е	to provide benefits)	10.77		115,327	Acres 1				
f	Administrative service providers (salaries, fees, commissions)	3240	3						
g	Other expenses								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					115,327			
i	Net income (loss) (subject line 8h from line 8c)	150.0				(113,698)			
i	Transfers to (from) the plan (see instructions)	8j				(113,098)			
-	The state of the s	U)							

	Form 5500-SF 2009		Page 2-	_					
Par	IV Plan Characteristics			10-10					
9a	f the plan provides pension benefits, enter the applicable pension	feature codes from the	e List of Plan Characteristic	Codes in ti	ne instruction	s:			
400	2E 2F 2J 3D								
	the plan provides wehale beliefus, enter the applicable wehate in	eature codes from the	List of Plan Characteristic C	odes in the	e instructions:	64 65 57			
Par	V Compliance Questions								
10	During the plan year:			Yes No		Amount			
а	Was there a failure to transmit to the plan any participant contrib	oution within the time ;	period described in						
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Correction Production	ram) [10a	Х	8				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	st? (Do not include tra	nsactions reported 10b	x	10.1 10.1				
С			107						
d	Was the plan covered by a fidelity bond?			-					
	or dishonesty?	• • • • • • •	10d	x	s (
е	Were any fees or commisions paid to any brokers, agents, or oth	ner persons by an inst	urance carrier.						
	insurance services or other organization that provides some or a	II of the benefits unde	r the plan? (See	_x					
f	Has the plan failed to provide any benefit when due under the pl		<u>10e</u>	х					
	Has the plan failed to provide any benefit when due under the plan have any posticioned to any posticioned t			7 - 7 - 7					
h	Did the plan have any participant loans? (If "Yes," enter amount If this is an individual account plan, was there a blackout period?			х					
0.50	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						
Dart	exceptions to providing the notice applied under 29 CFR 2520.10	01-3	10i		214				
11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requires	ments? /If "Vos " sas	inate ations and a section 0		<u></u>				
	5500))		instructions and complete Sc	nedule SB	(Form	Yes X No			
12	is this a defined contribution plan subject to the minimum funding	requirements of sec	tion 412 of the Code or section	on 302 of E	RISA? .	. Yes X No			
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as appl	icable.)	1.						
а	If a waiver of the minimum funding standard for a prior year is be	ing amortized in this p	olan year, see instructions, ar	nd enter th	e date of the	letter ruling			
If y	granting the waiver	e MB (Form 5500) a	· · · · · . Month	D	ay	Year			
b	Enter the minimum required contribution for this plan year			12b					
С	Enter the amount contributed by the employer to the plan for this								
d	Subtract the amount in line 12c from the amount in line 12b. Ente	er the result (enter a n	ninus sign to the left of a						
_	negative amount)								
Part	Will the minimum funding amount reported on line 12d be met by	the funding deadline	?		Yes	∐No ∐N/A			
13a	VII Plan Terminations and Transfers of Asset								
ısa	Has a resolution to terminate the plan been adopted during the pl	an year or any prior y	ear?			X Yes No			
b	If "Yes," enter the amount of any plan assets that reverted to the			100000000000000000000000000000000000000		0			
~	Were all the plan assets distributed to participants or beneficiaries of the PBGC?	s, transferred to anoth	er plan, or brought under the	control	and the second of	X Yes No			
С	If during this plan year, any assets or liabilities were transferred fr which assets or liabilities were transferred. (See instructions.)	om this plan to anothe	er plan(s), identify the plan(s)	to		E les LINO			
1:	c(1) Name of plan(s):			13c(2)	EIN(s)	13c(3) PN(s)			
						100(0):11(0)			
Cautio	n: A penalty for the late or incomplete filing of this return/repo	ort will be assessed	unless reasonable cause is	Actablish	ned.				
Jnder	enalties of perjury and other penalties set forth in the instructions	I declare that I have	examined this return/report	including		Sobodulo			
JD 01 C	chedule MB completed and signed by an enrolled actuary, as wel	Il as the electronic ver	sion of this return/report, and	to the bes	t of my know	ledge and			
201101, 1	is true, correct, and complete.				38 - 25113	e emarciae Costillora			
SIGN		3/29/11	TREACY DUERFELDT						
HERI	Signature of plan administrator	Date	Enter name of individual	signing as	nlan adminis	etrator			

Date

Date

SIGN

HERE Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

TREACY DUERFELDT