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).

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2010 or fiscal plan year beginning and ending 12/31/2010 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 BRIERE & ASSOCIATES, INC. 401(K) SALARY REDUCTION PLAN & TRUST 001 (PN) ▶ 1c Effective date of plan 01/01/1998 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number 91-1422637 BRIERE & ASSOCIATES, INC. (EIN) 2c Plan sponsor's telephone number 1944 DUVALL AVENUE NE **RENTON, WA 98059** 2d Business code (see instructions) 236110 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN 1944 DUVALL AVENUE NE 91-1422637 **RENTON, WA 98059** 3c Administrator's telephone number 425-228-7170 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..... 10 5a 9 **b** Total number of participants at the end of the plan year..... 5b 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 376905 433718 a Total plan assets..... 7a **b** Total plan liabilities..... 7b 376905 433718 Net plan assets (subtract line 7b from line 7a)..... 7с 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 5445 8a(1) (1) Employers 11638 8a(2) (2) Participants (3) Others (including rollovers)..... 8a(3) 50309 Other income (loss)..... 8b 67392 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 7334 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e 3245 Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 8g 10579 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 56813 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions).....

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Part IV	Plan	Chara	ctarie	tics
railiv	riaii	Gilaia	Cleris	LICS

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

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							
0	Dur	ing the plan year:		Yes	No		Amo	unt	
а		s 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		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
С	Wa	s the plan covered by a fidelity bond?	10c	X				400	000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	Х				29	913
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				557	746
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		Oh 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		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					[No
2	ls th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ection (302 of	ERISA?	🔲	Yes X	No
	,	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th						_
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Γ	12b	1			
		er the minimum required contribution for this plan year			12c				
		er the amount contributed by the employer to the plan for this plan year			120				
u		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	o 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>				Yes X	No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?	under	the co		•		Yes X	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	he pla	n(s) to)				
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)	1	3c(3) PN(s)
auti	on:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished.			
Inde B or	r pen Sch	alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retuended the MB completed and signed by an enrolled actuary, as well as the electronic version of this return/true, correct, and complete.	urn/re	port, ir	ncludin	g, if appl			

SIGN	Filed with authorized/valid electronic signature.	04/14/2011	TERRILL BRIERE
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	04/14/2011	TERRILL BRIERE
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2010

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

This Form is Open to Public Inspection

Pa	ırt I	Identification Information									
r t	he calendar plan year 2010 (or fiscal plan year beginning	01/01	/2010	and ending	12,	/31/2010				
Т	his return/report is for:	x single-employer plan	multiple-en	nployer plan (no	ot multiemployer)	Γ	t plan				
Т	his return/report is for:	first return/report	final return	/report			•				
		an amended return/report	ort (less than 12 mont	ths)							
_	Check box if filing under:	☐ Form 5558 ☐	automatic	,	,	, 	DFVC program				
_	meck box it filling drider.	special extension (enter description)		CARCHISION		L.	Dr vo piogian	ı			
394	entines in a	<u> </u>					***************************************				
		ormation enter all requested inform	nation.			146-	T				
2	Name of plan						hree-digit				
	BRIERE & ASSOCIATES	, INC. 401(K) SALARY REDUCT:	ION PLAN	& TRUST			PN) ▶	001			
							1c Effective date of plan				
 a	Plan sponsor's name and add	dress (employer, if for single-employer pla					1/01/1998 Employer Identific	cation Number			
_	BRIERE & ASSOCIATES		2117				EIN) 91-142:				
	1044					2c F	Plan sponsor's te	lephone number			
	1944 DUVALL AVENUE I	NE					425) 228-71				
3	RENTON	WA 98059					Business code (s	ee instructions)			
a		d address (If same as plan employer, en	ter "Same"))		3b A	dministrator's El	IN			
	Same										
						3c /	dministrator's te	lephone number			
						•					
	If the name and/or EIN of the	plan sponsor has changed since the last	return/repo	ort filed for this	plan, enter the	4b E	EIN				
	name, EIN and the plan num	ber from the last return/report. Sponsor's	Name			4c F	4c PN				
 a	Total number of participants a	at the beginning of the plan year				5a	T	10			
)		at the end of the plan year				5b		9			
Total number of participants with account balances as of the end of the plan year (defined benefit plans do not											
		 				5c		8			
a 1		during the plan year invested in eligible a the annual examination and report of an i				• • •	• • • •	X Yes No			
•		(See instructions on waiver eligibility and			ic accountant (IQPA)			X Yes No			
	If you answered "No" to eitl	her 6a or 6b, the plan cannot use Form	5500-SF a	ınd must inste	ad use Form 5500.						
a	rt III Financial Infor	mation									
	Plan Assets and Liabilities			(a) Be	ginning of Year		(b) End o	f Year			
1	Total plan assets		7a		376,905			433,718			
)	Total plan liabilities		7b								
<u>}</u>	Net plan assets (subtract line	7b from line 7a)	7c		376,905			433,718			
	Income, Expenses, and Trans	sfers for this Plan Year		(a	ı) Amount		(b) To	otal			
1	Contributions received or received	eivable from:	2 41								
	(1) Employers		8a(1)		5,445	\dashv					
	(2) Participants		8a(2)		11,638	\dashv					
)	Other income (loss)	rs)	8a(3)		50,309						
•		8a(2), 8a(3), and 8b)	8b 8c		30,309			C7			
í		t rollovers and insurance premiums	80					67,392			
	to provide benefits)		8d		7,334						
)	Certain deemed and/or correct	ctive distributions (see instructions)	8e								
	Administrative service provide	ers (salaries, fees, commissions)	8f		3,245						
J	Other expenses		8g								
1	Total expenses (add lines 8d,	, 8e, 8f, and 8g)	8h					10,579			
	Net income (loss) (subject line	e 8h from line 8c)	8i					56,813			
	Transfers to (from) the plan (s	see instructions)	8j								
	Panamuauk Daduation Act N	lotice and OMB Control Numbers, see		11		- y. 14-21 /4 /15		m 5500-SE (2010)			

	F	orm 5500-SF 2010	Р	age 2-	**********					
Pai	t IV	Plan Characteristics								
9a	If the p	plan provides pension benefits, enter the applicable pension feature E 2F 2J 2K 3E Plan provides welfare benefits, enter the applicable welfare feature								
Pa	rt V	Compliance Questions					71			
10		ng the plan year:				Yes	No		Amount	
а	Was	there a failure to transmit to the plan any participant contribution w	vithin the time perio	d described in			x			
b	29 C Wer	FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary (e there any nonexempt transactions with any party-in-interest? (Do	Correction Program)	10a		┼-			
		ne 10a.)		•	10b		x			
С	Was	the plan covered by a fidelity bond?			10c	х				40,000
d	Did	the plan have a loss, whether or not reimbursed by the plan's fidelit	ty bond, that was ca	used by fraud			<u> </u>		<u></u>	
		shonesty?			10d		X		W	
е	Wer	e any fees or commisions paid to any brokers, agents, or other per rance services or other organization that provides some or all of the	sons by an insurance	ce carrier,						
		4	e benefits under the		10e	х				2,913
f	Has	the plan failed to provide any benefit when due under the plan? $ \cdot $			10f		х			
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of y	ear end.)		10g	х				55,746
h		s is an individual account plan, was there a blackout period? (See i					х			
i		0.101-3.)			10h		12			
	exce	eptions to providing the notice applied under 29 CFR 2520.101-3.	duned notice of other	····	10i					
		Pension Funding Compliance								
11	ls th 5500	is a defined benefit plan subject to minimum funding requirements ⁽)))	? (If "Yes," see instr	uctions and compl	ete Sc	hedul	e SB (Form	□ves	x No
12 a	(If "Y If a v	is a defined contribution plan subject to the minimum funding requi 'es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable. vaiver of the minimum funding standard for a prior year is being and ting the waiver	.) nortized in this plan	year, see instruction	ons, ar	nd ent	er the	date of the]
lf	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (nth		Day	/	Year	
b	Ente	r the minimum required contribution for this plan year				. [12b			
C	Ente	r the amount contributed by the employer to the plan for this plan y	/ear				12c			
d	nega	ract the amount in line 12c from the amount in line 12b. Enter the rative amount)					12d			
e Dar	Will t VII	the minimum funding amount reported on line 12d be met by the fu	ınding deadline? .		• •			Yes	No	N/A
	transmigration of the	Plan Terminations and Transfers of Assets								F
ısa	Has	a resolution to terminate the plan been adopted during the plan yea es," enter the amount of any plan assets that reverted to the emplo	ar or any prior year'	?		٠.		· · ·	Yes	x No
b		e all the plan assets distributed to participants or beneficiaries, tran					13a			
	of th	e PBGC?					roı		. \square Yes	x No
		ring this plan year, any assets or liabilities were transferred from thi h assets or liabilities were transferred. (See instructions.)	is plan to another pl	an(s), identify the p	olan(s)	to				
	13c(1)	Name of plan(s):			13c(2) EIN(s)				13c(3) PN(s)
Caut	ion: A	penalty for the late or incomplete filing of this return/report wil	l be assessed unle	ess reasonable ca	use is	s esta	blishe	d.		
SB o	r Sched	ties of perjury and other penalties set forth in the instructions, I dec dule MB completed and signed by an enrolled actuary, as well as th ue, correct, and øomplete.	clare that I have exa ne electronic version	mined this return/r of this return/repo	eport, ort, and	includ to th	ling, if e best	applicable, of my knov	a Schedule vledge and	9
SIC	V	Meri Buere		Terrill Brie						
	100000000000000000000000000000000000000		Date 4-13-11	Enter name of inc		l sian	ina as	nlan admin	istrator	
SIC	N E	Lessi Tonere	4-13-11	Terrill Brie		. Jigil	y us	pour autimi	Judioi	
	THE PARTY NAMED IN	ignature of employer/plan sponsor	Date			siani	ing as	emplover o	r plan spon	sor
	Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor									