	Form 5500-SF			Report of Small Emplo	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service					2010					
Er	Department of Labor nployee Benefits Security Administration	This Form is Open to Public									
Р	ension Benefit Guaranty Corporation	0-SF.	Inspection								
	Perision Benefit Guaranty Collocation Part I Annual Report Identification Information										
For	calendar plan year 2010 or fisca	7 0 0		g	2/31/2						
Α .	This return/report is for:	single-employer plan	•	mployer plan (not multiemployer)	one-participant plan						
B	This return/report is for:	first return/report	final retur	•							
		an amended return/report	short plan	year return/report (less than 12 mo	nths)	_					
C	Check box if filing under:	Form 5558		extension		DFVC program					
r	special extension (enter description)										
		nation—enter all requested information	ation		46						
	Name of plan MPSON LAW OFFICE, PLLC P	ROFIT SHARING PLAN			dr	Three-digit plan number					
mo	WI GON LAW OFFICE, I LEGT					(PN) ▶ 001					
					1c	Effective date of plan 01/01/2000					
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-2014016					
	POPLAR ST STE 200				2c	Plan sponsor's telephone number 509-525-4210					
WAL	LA WALLA, WA 99362-3099				2d	Business code (see instructions) 541110					
3a THO	Plan administrator's name and MPSON LAW OFFICE, PLLC	address (if same as Plan sponsor, e 20 E POPLA	R ST STE	200	3b	Administrator's EIN 91-2014016					
		WALLA WAL	.LA, WA 99	362-3099	3c	Administrator's telephone number 509-525-4210					
		n sponsor has changed since the las		port filed for this plan, enter the	4b EIN						
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN					
5a	Total number of participants at	the beginning of the plan year			-	3					
b	Total number of participants at	the end of the plan year			5b	0					
C		th account balances as of the end of			5c	0					
6a	· · · · · ·	uring the plan year invested in eligibl				Yes No					
	Are you claiming a waiver of th	e annual examination and report of a	an indepen	dent qualified public accountant (IQ							
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo				Yes No					
Pa	rt III Financial Informa		5500-								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
а	Total plan assets		. 7a	11128	0	0					
b	Total plan liabilities		7b								
С	Net plan assets (subtract line 7	b from line 7a)	7c	11128	0	0					
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or recei	vable from:	8a(1)								
			8a(2)		-						
b	., ,			576	9						
с		3a(2), 8a(3), and 8b)				5769					
d	Benefits paid (including direct r	ollovers and insurance premiums	8d	11704	9						
е	, ,	ve distributions (see instructions)	8e								
f		s (salaries, fees, commissions)	8f								
g	Other expenses		. 8g								
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)				117049					
i		8h from line 8c)				-111280					
j	Transfers to (from) the plan (se	e instructions)	8j								

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

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: 2E 2H 2J 2R 2F 3B 3D
- **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	D	uring the plan year:		Yes	No		Amo	unt	
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х				
b		/ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported n line 10a.)	10b		х				
С	V	Vas the plan covered by a fidelity bond?	10c	Х				1000	0
d		id the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud · dishonesty?	10d		Х				
е	in	fere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		x				
f	н	as the plan failed to provide any benefit when due under the plan?	10f		X				
g	D	id the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h		Х				
i		10h was answered "Yes," check the box if you either provided the required notice or one of the cceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 500))						Yes N	0
12	ls	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of I	ERISA?	🗌	Yes X N	0
	(If	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction anting the waiver.						ter ruling	
lf	γοι	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-					
b	Er	nter the minimum required contribution for this plan year			12b	ļ			
С	Er	nter the amount contributed by the employer to the plan for this plan year			12c				
d		ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount)		[12d				
е	W	ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	o N/A	
Part	VI	I Plan Terminations and Transfers of Assets							
13a	н	as a resolution to terminate the plan been adopted during the plan year or any prior year?					Х	Yes N	0
	lf	"Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	W	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	under	the co			X	Yes N	0
C	lf	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th hich assets or liabilities were transferred. (See instructions.)						_	
1	3c	(1) Name of plan(s):		13	c (2) El	N(s)	1	3c(3) PN(s)	,
Caut	ion	: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	ished.			

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.

SIGN	Filed with authorized/valid electronic signature.	10/11/2011	CAROL JEAN THOMPSON
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 employer or plan sponsor

Page 2-1

L'BOEZ60'A			IS-005	c more for Form 5	nd OMB Control Numbers, see the Instructio	For Paperwork Reduction Act Notice a
Form 5500-SF (2010)		1		8	see instructions)) Transfers to (from) the plan (
				18	ne 8h from tine 8c)	il foetincome (loss) (subtract li
082111-		 			, 88, 8f, and 8g)	
670211				68		
				84	ers (sataries, tees, commissions) ers	
		ļ			ctive distributions (see instructions)	
						to provide benefits)
		6	ΦΟΔΤΤ	84	, 8۵(2), 88(3), and 9b) t rollovers and insurance premiums	b Benefits paid (including direc
6945			· · · · · · · · · · · · · · · · · · ·	98	(48 pag (8) 58 (8) 5	
		6	925	98		
				(E)68	·····(s.	
		-		(2)68		
		-		(1)68		 Contributions received or rectangle
						Income, Expenses, and Tran
Total	(q)	İ.	truomA (s)			
0		0	82111	57	(s ⁷ anil mort d ⁷	
				q		
0	<u> </u>	0	82111	ET.		
t of Year	on <u>a (d)</u>		asy to prinnipsa (a)			Plan Assets and Liabilities
					noiter	Part III Financial Inform
V [] хөх X Х Хөг [] Ио		(∀⊲	ee instructions.) ant qualified public accountant (IQF Is.)	 S) Satesas e An independenti n 	during the plan year invested in eligible the annual examination and report of a (See instructions on waiver eligibility and ther 6a or 6b, the plan cannot use Fo	Complete this item). Some all of the plan's assets Are you daiming a waiver of t
0		၁၄	ir (defined benefit plans do not	eək ueıd əqı	i to bne ant to se secreted trucces of the	c Total number of participants v
		qç			it the end of the plan year	b Total number of participants a
0		29			it the beginning of the plan year	
<u>٦</u>	<u>_</u>					
	Nd	24		emen s'	er from the last return/report. Sponsor	name, EIN, and the plan numbe
	NIE	4p	rt filed for this plan, enter the	i return/repoi	an sponsor has changed since the last	If the name and/or EIN of the pl
510	7-SZS-60S				WF 99362-3099	20 E POPLAR ST STE ALLA WALLA
telephone number	a'notenteinimbA	30				
	07-S07407				E , PLLC address (if same as Plan sponsor, eni	DITIO WALL NOSGMOHT
EIN	Administrator's	ЗP		("emc 2" 101		AJJAW AJJAW
(saoitourteni ees)	2⊄JJJO RDRIUG22 CODE (D7			6605-29566 ∀M	VIICM VIICM
	7-925-60S	PC	1		500	20 E POPLAR ZT STE
rejebyoue unuper		ъZ				
	102-16 (NI3)	_	1	,	E`	THOMPSON LAW OFFIC
reation Number	Employer Identif	ςρ		(ue)	a levolome-elonia tot il jevolome) ase	the her emen shored and cc
	002/10/10					
t plan	Effective date of	<u> </u>	4			
τ00	(ыл) 🕨			ਆ∀⊓ਰ	E, PLLC PROFIT SHARING	THOMPSON LAW OFFIC
	blan ກາຫວ້ອຍ ກາງອີດ	a 1		Ter Ict		nsiq to emsN 6 1
	Three-digit	<u>Ч</u> Р		uoj	temnotni beteeuper Ile retre-noitem	Part II Basic Plan Infor
			/ · · · · · · · · · · · · · · · ·		special extension (enter description)	
		-				C Check box if filing under:
ພ	DFVC program			xe olternotui	님 문	1
		(sy;	ar return/report (less than 12 mon	port plan ye		
			toda	ən/mutən lisn	Tirst return/report 🛛 🕅 fi	B This return/report is for:
ueid w	oue-participal	1	loyer plan (not multiemployer)	lqmə-əlqitiun	n 🗍 nsingle-employer plan	A This return/report is for:
		-			ar bian year beginning	For calendar plan year 2010 or fisca
	0102/16/21		······································		entification Information	Part Annual Report ld
<u> </u>	1	SF.	e instructions to the Form 5500	nce with th	ebrocce ni seintre lle eteleno 🐧	Pension Benefit Guaranty Corporation
noiteag	-		the Code).	oo anuava	Internat R	Employee Benefits Security Administration
oldu9 of nego a	zi mio∃ sidT		eservice to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERIAS), and section 6058(a) of the Internal Revenue Code (the Code).			Department of Labor
010	7					Department of the Treasury Internal Revenue Service
010	~			l¶ jiləns		
6800-0171 0110-0171 (SON 900)	`	əə	yort of Small Employ	lə <mark>A\n</mark> ru	Short Form Annual Re	Form 5500-SF
0110-0121 .soN 8MC	J					· · · · · · · · · · · · · · · · · · ·

2010	3S-0055	ատ٦
------	---------	-----

Page **2-**

: 1

Characteristics	nslq	Part IV

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2H 2J 2R 2F 3B 3D e6

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

etrator	sinimbe nel	q se pri	npis le	nbivib	ri to emen retr.	Date	Signature of plan administrator	HE
		u	ວຣ໔ຆ	оцт	Сатод Јеап	ττος/οτ/οτ	1 Cash per frances	ÐIS
рие абраумо	st ot my km μαεργάζει	aq əqi o	a pue	'µodə. dauuu	niar sini banınaxe i/mular sini to noiz	aven i nave r decisie electronic vers	er penalties of perjury and other penalties set forth in the instructions, t or Schedue MB completed and signed by an enrolled actuary, as well a si, it is nue, contect, and complete	BB
							tion: A penalty for the late or incomplete filling of this return/report	
	1							
(s)NG (c) 26(a)	(s)) (s) EIN	73C				13c(1) Name of plan(s):	
	I			I		· · · · · · · · · · · · · · · · · · ·	which assets or liabilities were transferred. (See instructions.)	_
			01 (s)i	neiq si	hi viinebi ,(s)nelq	nertions of neig sint	of the PBGC?. If during this plan year, any assets or liabilities were transferred from	Э
oN 🗌 səY 🛛		lottr	iop əqi	inder t			Were all the plan assets distributed to participants or beneficiaries, tra	q
0		139					If "Yes," enter the amount of any plan assets that reverted to the emp	
oN say X					۲؟	year or any prior yea	Has a resolution to terminate the plan been adopted during the plan	139 8
. "							t VII Plan Terminations and Transfers of Assets	Pat
A\N 0N	Ves 🛛	<u> </u>		••••••		Sənilbsəb gnibru)	Will the minimum of the strong amount reported on line 12d be met by the	ə
		159					unours and the amount of the role of the amount of the amount of the role of t	n
							Enter the amount contributed by the employer to the plan for this plat Subtract the amount in line 12c from the amount in time 12b. Enter this	
		150					Ealer the minimum required contribution for this plan year	
		126					vou completed line 12a, complete lines 3, 9, and 10 of Schedule M	-
ear		Day			InoM		granting the waiver.	
letter ruling	adi to eteb	adt the	iə bris	tions,	า year, see instruc		(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable if a waiver of the minimum that a standard for a prior year is being a	e
on 🛛 səy 🗌) ACD	17 10 70	s uon:	or sec	aboʻ) autio 214 u		Is this a defined contribution plan subject to the minimum funding re- designer as wellog of the bot of dot in of to the properties " add" it.	21
ON SƏX							((0055	
	Form) 82 əli	payos	s ətəlq	Imop bris and com	isni əəs ",zəY" 11) ?zı	Is this a defined benefit plan subject to minimum funding requirement	11
							I VI Pension Funding Compliance	Pan
-				10L			exceptions to providing the notice applied under 29 CFR 2520.101-3	1
		_		401			2520.101-3.) If 10h was answered "Yes," check the box if you either provided the r	!
		X					If this is an individual account plan, was there a blackout period? (Se	Ч
		X		601		f year end.)	. Did the plan have any participant loans? (If "Yes," enter amount as o	6
		X	1	101			Read the plan tailed to provide any benefit when due under the plan?	ł
		v		- 106			instructions.)	
		X			ance camer, Splan? (See	he benetics under the persons by ander the	Were any lees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the insurance service or other organization that provides some or all of the insurance service or other organization that provides a service or all of the insurance service or other organization that provides a service or all other service or other organization that provides a service or all of the insurance service or other organization that provides a service or all other insurance service or other organization that provides a service or other insurance service or other organization that provides a service or other insurance service or other organization that provides a service or other insurance service or other organization that provides a service or other insurance service or other organization that provides a service or other insurance organization that service organization that provides a service or other insurance organization that service organization that service organization that service or other insurance organization that service organis that s	ə
				P01			or dishonesty?	
		X			busid by fraud	elity bond, that was o	Did the plan have a tors, whether or not reimbursed by the plan's fid	Р
0000T			х	20L		••••••		c
		x		dor			on line 10a.)	~
				601			29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-interest? (I	Ч
		x		0	ni bedribed in	leq emit ertt nirttiw er	 Was there a failure to transmit to the plan any participant contribution Was there a failure to transmit to the plan any participant contribution 	e
junou	۱A	oN	səY		.		During the plan year:	10
							t V Compliance Questions	Par

Date

ττοζ/οτ/οτ

неве NOIS

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor