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).

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

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Pa	art I An	inual Report I	Iden	tification Informa	ation					
For		ın year 2009 or fisc			01/01/20	09	and ending	12/31/	2009	
A	This return/re	eport is for:	X si	ngle-employer plan		multiple-e	mployer plan (not multiemployer)		one-participar	nt plan
В -	B This return/report is for:				final return/report			_		
			Па	n amended return/rep	ort	short plar	year return/report (less than 12 n	nonths)		
C	Check hox if	filing under:	XF	orm 5558	Ē	-	extension	ŕ	☐ DFVC progra	m
	JIICON DOX II	ming drider.	H	pecial extension (ente	L er descript		, onto not on			•••
Pa	rt II Ba	sic Plan Infor	ш.	ion—enter all reques	•	,				
	Name of pla		ııııaı	ion—enter an reques	stea iriiori	паноп		1b	Three-digit	
		ERIAN CHURCH	l 401(I	K) PLAN				.~	plan number	004
			`	,					(PN) ▶	001
								1c	Effective date of 06/01/19	
				(employer, if for single	e-employe	er plan)		2b	Employer Identif	
FIRS	T PRESBYT	ERIAN CHURCH	ł					20	(EIN) 91-0564	
	6. CEDAR								Plan sponsor's te 509-747	7-1058
SPOR	KANE, WA 9	99204						2d	Business code (s 813000	see instructions)
		strator's name and		ress (if same as Plan	sponsor,		2")	3b	Administrator's E	
						WA 99204		3с	Administrator's to	elephone number
4 II	the name a	ind/or EIN of the p	olan sp	oonsor has changed s	since the la	ast return/re	port filed for this plan, enter the	4b	509-747 EIN	-1036
				m the last return/repo			,			
52	Total numb	or of participants of	at the	haginning of the plan	woor			-	PN	
								1		30
								<u>5b</u>		28
С							rear (defined benefit plans do not	5c		9
6a	Were all of	the plan's assets	durin	g the plan year invest	ted in eligi	ble assets?	(See instructions.)			X Yes No
b							ndent qualified public accountant (Na
			•		• .		ons.) SF and must instead use Form			X Yes No
Pa		nancial Inform			inot use	FOIII 3300-	or and must instead use roim	5500.		
7		s and Liabilities		· · ·			(a) Beginning of Year		(b) End	of Year
						7a	1285	74	(2) =::=	132264
	Total plan li					7b				
С	Net plan as	sets (subtract line	e 7b fr	om line 7a)			1285	74		132264
8	Income, Ex	penses, and Trans	sfers	for this Plan Year			(a) Amount		(b) T	otal
а	Contribution	ns received or rece	ceivab	le from:						
	(1) Employ	yers						41		
	` ' '					` '	441	60		
	` '	` •	,			` '				
b		` ,					31	89		50000
c d				2), 8a(3), and 8b) vers and insurance pr		8c				53690
u		`				8d	500	00		
е	Certain dee	emed and/or correc	ective	distributions (see instr	ructions)	8e				
f	Administrat	ive service provide	lers (s	alaries, fees, commis	sions)	8f		_		
g										
h				3f, and 8g)						50000
i	Net income	(loss) (subtract lir	na 8h			0.				3690
		` , `		from line 8c) structions)						3090

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Par	t IV Plan Characteristics							
9a		he applicable pension feature codes from the List of Plan Cha	racteris	stic Co	des in	the instruction	ons:	
b	If the plan provides welfare benefits, enter the	ne applicable welfare feature codes from the List of Plan Char-	acteris	tic Cod	des in	the instruction	ons:	
Part	V Compliance Questions							
10	During the plan year:			Yes	No	F	Mount	
а	•	ny participant contributions within the time period described in d DOL's Voluntary Fiduciary Correction Program)	10a		X			
b		th any party-in-interest? (Do not include transactions reported	10b		X			
С	Was the plan covered by a fidelity bond?		10c	X				25000
d		mbursed by the plan's fidelity bond, that was caused by fraud	10d		X			
е	insurance service or other organization tha	brokers, agents, or other persons by an insurance carrier, provides some or all of the benefits under the plan? (See	10e		X			
f	,	hen due under the plan?	10f		X			
g		"Yes," enter amount as of year end.)			X			
_	If this is an individual account plan, was the	re a blackout period? (See instructions and 29 CFR	10g 10h		X			
i	If 10h was answered "Yes," check the box	f you either provided the required notice or one of the nder 29 CFR 2520.101-3	10i					
art	VI Pension Funding Compliance	e						
11		mum funding requirements? (If "Yes," see instructions and con					Yes	X No
12	Is this a defined contribution plan subject to	the minimum funding requirements of section 412 of the Code	e or se	ection 3	302 of	ERISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, ar							
а		I for a prior year is being amortized in this plan year, see instru						
lf '		9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day			
b	Enter the minimum required contribution for	this plan year			12b			
	·	ver to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the an	nount in line 12b. Enter the result (enter a minus sign to the left	of a		12d			
е	Will the minimum funding amount reported	on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII Plan Terminations and Tran	sfers of Assets						
3a		adopted during the plan year or any prior year?					X Yes	No
		s that reverted to the employer this year			13a			(
b	Were all the plan assets distributed to partic	cipants or beneficiaries, transferred to another plan, or brought	under	the co			Yes	X No
С	If during this plan year, any assets or liability which assets or liabilities were transferred.	ies were transferred from this plan to another plan(s), identify t (See instructions.)	he pla	n(s) to	1		1	
1	13c(1) Name of plan(s):			13	c(2) El	N(s)	13c(3) PN(s)
			1				1	

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.

SIGN	Filed with authorized/valid electronic signature.	09/29/2010	DEAN DUPREE
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

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).

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

۲	Complete all entries in accord	lance with	the instructions to the Form 5500	-SF.	mapeotion
	art I Annual Report Identification Information				
For		1/01/2	009 and ending		12/31/2009
Α	This return/report is for:	multiple-e	mployer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		
	an amended return/report	short plan	year return/report (less than 12 mon	ths)	
C	Check box if filing under: X Form 5558	automatic	extension		DFVC program
	special extension (enter descriptio	n)			
Pá	art II Basic Plan Information—enter all requested informa				
	Name of plan	20011		1h	Three-digit
	FIRST PRESBYTERIAN CHURCH 401(K) PLAN				plan number
					(PN) ▶ 001
				1c	Effective date of plan
	Plan enonear's name and address (ampleuer if for single ampleuer	nlan)		25	06/01/1998
Lu	Plan sponsor's name and address (employer, if for single-employer FIRST PRESBYTERIAN CHURCH	pianij			Employer Identification Number (EIN) 91-0564965
			<u>[</u>	-	Plan sponsor's telephone number
	318 S. Cedar		Ļ		(509)747-1058
	Spokane		WA 99204	2d	Business code (see instructions) 813000
3a	Plan administrator's name and address (if same as Plan sponsor, er	nter "Same		3h	Administrator's EIN
	same		1		TELLINGUES OF EACH
				3c	Administrator's telephone number
4	f the name and/or EIN of the plan sponsor has changed since the las	t return/re	part filed for this plan, onto the	41.	(509)747-1058
	name, EIN, and the plan number from the last return/report. Sponsor		port lifed for this plant, enter the	4b	EIN
·····				4c	PN
5a	Total number of participants at the beginning of the plan year			5a	3(
b	Total number of participants at the end of the plan year			5b	28
С	Total number of participants with account balances as of the end of				
	complete this item)			<u>5c</u>	
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)	·······	X Yes No
n	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indepei and conditi	ndent qualified public accountant (IQI ons.)	² A)	X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo				
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	128,57	4	132,264
b	Total plan liabilities	7b			
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	128,57	4	132,264
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:	0-41	E 74.	,	
	(1) Employers	8a(1)	5,74	⊣	
	(2) Participants	8a(2)	44,16	빅	
l.	(3) Others (including rollovers)	8a(3)	2.50	_	
b	Other income (loss)	8b	3,78	9	F3 604
C C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		+	53,690
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	50,00	o	
е	Certain deemed and/or corrective distributions (see instructions)	8e		1	
f	Administrative service providers (salaries, fees, commissions)	8f		7	
g	Other expenses	8g		1	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			\top	50,000
i	Net income (loss) (subtract line 8h from line 8c)	8i		1	3,690
j	Transfers to (from) the plan (see instructions)	8i		1-	

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Page	2-	

Par							
9a	If the plan provides pension benefits, enter the applicable pension fea	ature codes from the L	ist of Plan Charact	eristic	Codes i	the instruct	ions:
b	2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fea	ture codes from the L	ist of Plan Characte	eristic (Codes in	the instructi	ons:
Part	V Compliance Questions						
10	During the plan year:			Ye	s No	[Amount
а	Was there a failure to transmit to the plan any participant contribution				-		, moditie
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	•	· —	0a	X	<u> </u>	
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)			0ь	Х		
C	Was the plan covered by a fidelity bond?			0c 3	2		25,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?			0d	Х		
е			—				
	insurance service or other organization that provides some or all of t instructions.)	he benefits under the	plan? (See	0e	Х		
f	Has the plan failed to provide any benefit when due under the plan?			l0f	l x		
g	Did the plan have any participant loans? (If "Yes," enter amount as o	of vear end.)	.,,,,,	0g	X		
h		ee instructions and 29) CFR	0h	x		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or one	e of the	10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requirement (5500))						Yes X No
12	Is this a defined contribution plan subject to the minimum funding re						Yes X No
12	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicate		1412 01 1110 0000 0	r acciii	711 JUZ (ILITION:	
а	If a waiver of the minimum funding standard for a prior year is being	•	vear, see instructi	ons, ar	d enter	the date of t	he letter ruling
	granting the waiver.		Month				
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule I	VIB (Form 5500), and	l skip to line 13.				<u> </u>
b	Enter the minimum required contribution for this plan year				12b		
С	Enter the amount contributed by the employer to the plan for this pla	ın year			12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)				12d		
е	Will the minimum funding amount reported on line 12d be met by the	e 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 yea	r?				X Yes No
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year			13a		
b	Were all the plan assets distributed to participants or beneficiaries, t of the PBGC?						Yes X No
С	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	plan(s), identify the	plan(s) to		
	13c(1) Name of plan(s):				13c(2)	EIN(s)	13c(3) PN(s)
							4
Cau	tion: A penalty for the late or incomplete filing of this return/repo	rt will be assessed	uniess reasonable	cause	is esta	blished.	
SB	er penalties of perjury and other penalties set forth in the instructions, or Schedule MB completed and signed by an enrolled actuary, as well of, it is true, correct, and complete.	I declare that I have as the electronic vers	examined this return/re	n/repoi eport, a	t, includ nd to th	ling, if applic e best of my	able, a Schedule knowledge and
۸.,	W Mean Newtron	9-27-10	Dean DuPree				
SIG		Date	Enter name of inc		signing	as plan adm	ninistrator
	organization of the state of th		Dean DuPree		Sigriffy	as plair auli	инации.
SIG		9-27-10		_			
nei	Signature of employer/plan sponsor	Date	⊨nter name of inc	ııvıdual	signing	as employe	r or plan sponsor