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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	Complete all entries in acc	ordance wit	h the instructions to the Form 550	0-SF.			
	art I Annual Report Identif							
For	calendar plan year 2010 or fiscal plan	year beginning 01/01/20	010	and ending 0	4/30/2	2010		
Α	This return/report is for:	gle-employer plan	multiple-e	employer plan (not multiemployer)		one-particip	ant plan	
В	This return/report is for:	return/report	X final retur	n/report		_		
	an a	amended return/report	short plar	n year return/report (less than 12 mo	nths)			
С	Check box if filing under:	m 5558	automatic	extension		DFVC progr	am	
		cial extension (enter descrip	ш			☐ - · · · · · · · · · · · · · · · · · ·		
Dr	art II Basic Plan Informatio							
_	Name of plan		mation		1h	Three-digit		
	Name of plan T PRESBYTERIAN CHURCH 401K P	PLAN			10	plan number	004	
						(PN) ▶	001	
					1c	Effective date		
						06/01/	1998	
	Plan sponsor's name and address (er T PRESBYTERIAN CHURCH	mployer, if for single-employ	er plan)		2b	Employer Ident		mber
FIRS	I PRESBYTERIAN CHURCH				20	(EIN) 91-056 Plan sponsor's		numbor
	CEDAR				20	509-74	17-1058	iuiiibei
SPO	KANE, WA 99204				2d	Business code	(see instruc	tions)
						81300		
	Plan administrator's name and addres T PRESBYTERIAN CHURCH	ss (if same as Plan sponsor, 318 S CED		∍")	36	Administrator's		
		SPOKANE	, WA 99204		3c	Administrator's	telephone r	number
							17-1058	idiliboi
	f the name and/or EIN of the plan spor	S .		port filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from	the last return/report. Spon	isor's name		10	PN		
5a	Total number of participants at the be	eginning of the plan year			5a	TN T		28
	• •							0
	Total number of participants at the er				5b			0
С	Total number of participants with acc complete this item)			•	5c			0
6a	Were all of the plan's assets during t						X Yes	No
	Are you claiming a waiver of the ann		•	,			<u>□</u>	
	under 29 CFR 2520.104-46? (See in		•	•			^ Yes	No
-	If you answered "No" to either 6a		Form 5500-	SF and must instead use Form 55	00.			
	rt III Financial Information			T	1			
7	Plan Assets and Liabilities			(a) Beginning of Year	1	(b) End	d of Year	0
	Total plan assets		<u>7a</u>	132204	+			0
b	Total plan liabilities			132264	1			0
<u>C</u>	Net plan assets (subtract line 7b from	•	7с		+			0
8	Income, Expenses, and Transfers for			(a) Amount		(b)	Total	
а	Contributions received or receivable (1) Employers		8a(1))			
	(2) Participants				5			
	(3) Others (including rollovers)							
b	Other income (loss)			1124	1			
c	Total income (add lines 8a(1), 8a(2),							1124
d	Benefits paid (including direct rollove	, ,	00					
-	to provide benefits)		8d	133388	3			
е	Certain deemed and/or corrective dis	stributions (see instructions)	8e					
f	Administrative service providers (sala	aries, fees, commissions)	8f					
g	Other expenses		8g					
h	Total expenses (add lines 8d, 8e, 8f,	and 8g)				<u> </u>		133388
i	Net income (loss) (subtract line 8h fro						-	132264
i	Transfers to (from) the plan (see inst							

	Form 5500-SF 2010 Page 2-					
r	IV Plan Characteristics					-
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Character 2F 2G 2J 2K 2R 3D					_
rt	V Compliance Questions					_
	During the plan year:		Yes	No	Amount	_
3	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		_
)	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		_
;	Was the plan covered by a fidelity bond?	10c	X		25000	
k	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		_
•	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		
	Has the plan failed to provide any benefit when due under the plan?	10f		X		_
j	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X		_
1	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X		Ī
	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				
t	VI Pension Funding Compliance					
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))				` \ \\\ \\\\\\\-	
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	ERISA? 📗 Yes 🏻 No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
1	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	th				
j	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12h		_
)	Enter the minimum required contribution for this plan year		··· ⊢	12b		_
, ,	Enter the amount contributed by the employer to the plan for this plan year		··· ⊢	12c		_
4	Subtract the amount in line 120 from the amount in line 120. Effet the result (effet a filling sign to the left	ui a		12d		

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 year?		X Yes N
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	

N/A

No

Yes No

Yes

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

12

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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.	09/30/2010	TAMMY MCLAUGHLIN AS PRACTITIONER
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

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Short Form Annual Return/Report of Small Employee

Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report	Identification Information			******		······································	
_For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 04/30/2010							
Α	This return/report is for:	single-employer plan	multiple-	employer plan (not multiemployer)		one-participar	nt plan	
В	This return/report is for:	first return/report	X final retu	rn/report		_		
		an amended return/report	Short pla	n year return/report (less than 12 mo	nths)			
С	Check box if filing under:	Form 5558	automati	cextension		DFVC program	m	
	special extension (enter description)							
Pa	art II Basic Plan Info	rmation—enter all requested info	rmation					
1a	Name of plan				1b	Three-digit	· · · · · ·	
FIRS	ST PRESBYTERIAN CHURCH	1 401K PLAN				plan number	001	
					4.	(PN) •		
					16	Effective date of 06/01/19		
	Plan sponsor's name and ad T PRESBYTERIAN CHURCH	dress (employer, if for single-employ	er plan)		2b	Employer Identifi (EIN) 91-0564	cation Number 965	
	S CEDAR				2c	Plan sponsor's te 509-747	elephone number -1058	
SPO	KANE, WA 99204				2d	Business code (s		
3a FIRS	Plan administrator's name ar BT PRESBYTERIAN CHURCH	nd address (if same as Plan sponsor 318 S CEI		e")	3b	Administrator's E 91-0564		
			. WA 99204		3с	Administrator's te	elephone number	
4	If the name and/or EIN of the	plan sponsor has changed since the	last return/re	eport filed for this plan, enter the	4h	509-747 EIN	-1058	
	name, EIN, and the plan num	ber from the last return/report. Spor	isor's name	partition and partition and				
-50	Total number of participants	at the hearing of the alexander			 	PN		
-		at the beginning of the plan year					28	
b		at the end of the plan year			5b		0	
	complete this item)	with account balances as of the end	of the plan	year (defined benefit plans do not	5c		0	
6a	Were all of the plan's assets	s during the plan year invested in eliq	gible assets?	(See instructions.)			Yes No	
b	Are you claiming a waiver of	the annual examination and report	of an indepe	ndent qualified public accountant (IQ	PA)			
	If you answered "No" to e	? (See instructions on waiver eligibili ther 6a or 6b, the plan cannot use	y and condi Form 5500	SF and must instead use Form 55	 .nn		Yes No	
Pa	rt III Financial Infor		7 01111 0000	or and most materia age Form 33			***************************************	
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End o	of Year	
а	Total plan assets		7a	13226	4	(2) =	0	
b	Total plan liabilities		7b					
C	Net plan assets (subtract line	e 7b from line 7a)	7c	13226	4		0	
8	Income, Expenses, and Tran	sfers for this Plan Year		(a) Amount		(b) To	otal	
а	Contributions received or rec	ceivable from:	0-(4)		o			
					<u></u>			
	•	rs)			\dashv			
b				112	1			
c	, ,), 8a(2), 8a(3), and 8b)					1124	
d	· ·	ct rollovers and insurance premiums		The second secon			A ERES GARAGESTA	
_	,			13338	3			
e		ective distributions (see instructions)			_			
†	·	lers (salaries, fees, commissions)			\dashv			
g				No. 18 Page 18 Company of the Compan				
n :		I, 8e, 8f, and 8g)					133388	
 		ne 8h from line 8c)see instructions)			_		-132264	
j	manascia io (nom) ine plan i	occ manachotta)	···· 8i					

Form	5500-SF	201	0

SIGN HERE

Signature of employer/plan sponsor

_	_	И	
Page	ソ_	1	

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

	F	01111 5500-5F 2010	Page Z							
	rt IV	Plan Characteristics								
9a		plan provides pension benefits, enter the applicable pension feat 2F 2G 2J 2K 2R 3D	ure codes from the List o	of Plan Chara	cteris	stic Co	des in	the instructi	ons:	
b		plan provides welfare benefits, enter the applicable welfare featu	ire codes from the List of	f Plan Chara	rteris	tic Cod	les in t	ha instructio	une.	
		part provided warmer barrents, enter the approache warmer react	are coude from the Eigh of	i i ian onara	3(6) 13		JC3 III (ne manuche	nia.	
Par	t V	Compliance Questions								
10		ng the plan year:				Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions					Х			
		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian			10a					
b		e there any nonexempt transactions with any party-in-interest? (Dine 10a.)		, I	10b		Х			
С	Wa	s the plan covered by a fidelity bond?			10c	Х				25000
d		the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?		· .	10d		Х			
е	insu	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of thructions.)	e benefits under the plan	n? (See	10e		Х	·		
f	Has	the plan failed to provide any benefit when due under the plan? .			10f		Χ		-	
g		the plan have any participant loans? (If "Yes," enter amount as of		ŀ			X			
b h		is is an individual account plan, was there a blackout period? (See	•		10g				711 12 11 11 11 11 11 11 11 11 11 11 11 1	
i	252	0.101-3.)			10h		Х			
'		eptions to providing the notice applied under 29 CFR 2520.101-3.			10i					
Parl	t VI	Pension Funding Compliance					·			
11	Is th	is a defined benefit plan subject to minimum funding requirements	s? (If "Yes," see instruction	ons and com	plete	Sched	ule SE	(Form	☐ Yes	No
12		is a defined contribution plan subject to the minimum funding req		-					☐ Yes	[5]
12		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		or the Code	or se	CHOIL	302 OI	ERISA?	☐ 1 6.	. 🗆 140
а	İfav	waiver of the minimum funding standard for a prior year is being a ting the waiver.	mortized in this plan year	r, see instruc	tions, h	and e	nter th Day	e date of th	e letter n Year	ıling
lf		ompleted line 12a, complete lines 3, 9, and 10 of Schedule M								
b	Ente	r the minimum required contribution for this plan year					12b			
С		r the amount contributed by the employer to the plan for this plan					12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the ative amount)					12d			
е	Will	the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No	N/A
Parl	t VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior year?						X Yes	No
	If "Y	es," enter the amount of any plan assets that reverted to the emp	lover this year				13a			0
b	Wer	e all the plan assets distributed to participants or beneficiaries, tra le PBGC?	insferred to another plan,	, or brought ι	ınder	the co			X Yes	. ∏ No
С	If du	ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)								
		Name of plan(s):				13	c(2) El	N(s)	13c(3) PN(s)
									 	
Cau	tion:	A penalty for the late or incomplete filing of this return/report	will be assessed unles	s reasonabl	e caı	ıse is	establ	ished.	<u> </u>	
Und SB o	er per or Sch	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a	declare that I have exam	ined this retu	ırn/re	port, ir	cludin	g, if applicat		
nelle	51, IC IS	true, correct, and complete.						· .		
SIG		Nega Ningkag	9-27-10							
11-1		Signature of plan administrator	Date Ente	er name of in	aıvidı	uai sig	ning a	s plan admir	ustrator	

Date

9-27-12