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.

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Pa	art I	Annual Report	ldentification Informat	ion						
For	calenda	ar plan year 2009 or fis	cal plan year beginning 0	1/01/200	9	and ending	12/31/2	2009		
Α	This ret	turn/report is for:	x single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan		
В	This ret	turn/report is for:	first return/report	Ī	final return/report					
			an amended return/repor	t 🗏	short plan	year return/report (less than 12 mo	onths)			
C	Chack h	box if filing under:	Form 5558]	extension	,	DFVC program		
0	CHECK	box ii iiiiig uildei.	special extension (enter of	L descripti	l	, exteriorer		_ Di vo piogiaiii		
De	nut II	Pagia Dian Info	rmation—enter all requeste		,					
	Art II Name		rmation—enter all requeste	ea intorm	ation		1h	Three-digit		
		CHAPLAINCY 403(B)	PLAN				10	plan number		
	OTTILO	OTH 11 27 11 400(B)						(PN) • 001		
							1c	Effective date of plan		
								01/01/1994		
			dress (employer, if for single-e	employer	· plan)		2b	Employer Identification Number		
IRI-0	CITIES	CHAPLAINCY					20	(EIN) 91-0913590 Plan sponsor's telephone number		
2108	W ENT	TIAT AVE					20	509-783-7416		
KEN	NEWIC	K, WA 99336					2d	Business code (see instructions)		
							0.	813000		
		dministrator's name an CHAPLAINCY	d address (if same as Plan sp		enter "Same TAT AVE	e")	3b	Administrator's EIN 91-0913590		
	OTTIEO	011/11/2/11/01			K, WA 993	36	3c	Administrator's telephone number		
								509-783-7416		
						port filed for this plan, enter the	4b	EIN		
	name, E	EIN, and the plan numb	per from the last return/report.	Sponso	or's name		4c	PN		
5a	5a Total number of participants at the beginning of the plan year						-	0		
b							5b	0		
_		·				rear (defined benefit plans do not	ac	0		
С						ear (defined benefit plans do not	5c	0		
6a	Were	all of the plan's assets	during the plan year invested	l in eligib	ole assets?	(See instructions.)		X Yes No		
b						ndent qualified public accountant (IC				
			•			ons.)		X Yes No		
Da	ırt III	Financial Inforn		ot use F	orm 5500-	SF and must instead use Form 5	000.			
7			lation			(a) Baninninn of Vaca		(h) Fod of Voca		
-		Assets and Liabilities			7-	(a) Beginning of Year	0	(b) End of Year 52076		
		plan assets plan liabilities		•••••	. 7a . 7b	0370	9	32070		
C	,		7b from line 7a)			6378	0	52076		
		,	,		. 7с		19			
8 a		ie, Expenses, and Tran ibutions received or rec	sfers for this Plan Year			(a) Amount		(b) Total		
u					. 8a(1)					
	(2) Pa	articipants			. 8a(2)					
	(3) Ot	thers (including rollover	·s)							
b	Other	income (loss)				529	9			
С	Total i	income (add lines 8a(1)), 8a(2), 8a(3), and 8b)		. 8c			5299		
d			t rollovers and insurance prer							
					. 8d	1701	2			
е			ctive distributions (see instruc	,	. 8е					
f	Admin	nistrative service provid	ers (salaries, fees, commission	ons)	. <u>8f</u>		_			
g		•								
h	Total e	expenses (add lines 8d	On Of and Oal		. 8h			17012		
			, 6e, 6i, and 6g)		· · · · · ·					
i	Net in	come (loss) (subtract li	ne 8h from line 8c)					-11713		

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Part IV	Dlan	Characteristics
Partiv	ı Pian	Characteristics

SIGN HERE

Signature of employer/plan sponsor

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	V Compliance Questions								
0	During the plan year:				Yes	No		Amount	
-	Was there a failure to transmit to the plan any participant contribution	eriod described in					Amount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia		10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)	10b		X					
С	Was the plan covered by a fidelity bond?		10c	X				300000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	10d		X					
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	10e		X					
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 o	of year end.)		10g		Χ			
_	If this is an individual account plan, was there a blackout period? (Se			iog		.,			
	2520.101-3.)			10h		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	•		10i					
art	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement 5500))							Yes	X No
2	Is this a defined contribution plan subject to the minimum funding red	quirements of secti	on 412 of the Code	or se	ction 3	302 of E	RISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable $\ensuremath{^{12}}$,							
а	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.								
lf y	/ou completed line 12a, complete lines 3, 9, and 10 of Schedule N					Day_		rear	
	Enter the minimum required contribution for this plan year					12b			
С	Enter the amount contributed by the employer to the plan for this plan	n 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	funding deadline?.					Yes	No	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 ye	ar?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the emp	oloyer this year				13a			
b	Were all the plan assets distributed to participants or beneficiaries, troof the PBGC?	ansferred to anothe	er plan, or brought ι	ınder	the co	ntrol		Yes	No X
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to anothe	r plan(s), identify th	e plai	n(s) to				
1:	13c(1) Name of plan(s):						N(s)	13c(3	8) PN(s)
Cauti	ion: A penalty for the late or incomplete filing of this return/repor	t will be assessed	unless reasonabl	e cau	se is	establi	shed.	L	
Jnde SB or	r penalties of perjury and other penalties set forth in the instructions, I such schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	declare that I have	examined this retu	rn/rep	ort, in	cluding	, if applic		
SIGN	Filed with authorized/valid electronic signature.	10/11/2010	BRANT BAKER						
SIGN HERI		Data	Enter name of in	divid.	اما منء		nlan ada	miniatratar	

Date

Enter name of individual signing as employer or plan sponsor

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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

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▶ 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

	art I Annual Report	Identification Information	00 /00 /			~~~				
- 101	calendar plan year 2009 or fi		01/01/2		and ending		12/31/200			
	This return/report is for:	X single-employer plan	_ multiple-	employer pla	nt plan					
В	This return/report is for:	first return/report	final retu	,						
		an amended return/report	short pla	n year return	/report (less than 12 mor	ths)				
С	Check box if filing under:	Form 5558	_ automati	c extension			DFVC progra	m		
		special extension (enter descrip	lion)							
P	art II 📗 Basic Plan Info	ormation—enter all requested inform	mation							
1a	Name of plan	dman 402/h) Dl				1b	Three-digit			
	Tri-Cities Chapla	incy 403 (b) Plan					plan number (PN)	0.03		
						1c	Effective date of	001		
							01/01/1994	1-14-11		
2a	Plan sponsor's name and ad	dress (employer, if for single-employe	er plan)			2b Employer Identification Number				
	TIE CICICO CHAPIA	11107					(EIN) 91-091			
	2108 W Entiat Ave					2C	Plan sponsor's t (509) 783 - 1	elephone number		
	2100 W ENETAL AVE					2d Business code (see instructions)				
^-	Kennewick				99336		813000			
за	Plan administrator's name ai	nd address (if same as Plan sponsor,	enter "Sam	e")		3b	Administrator's E	EIN		
					ļ	3c Administrator's telephone number				
						Transmitted 5 telephone number				
4	If the name and/or EIN of the	plan sponsor has changed since the I ber from the last return/report. Spons	ast return/re	port filed for	this plan, enter the	4b EIN				
	name, Ent, and the plan num	ber from the last return report. Sports	ou s name			4c PN				
5a	Total number of participants	at the beginning of the plan year		*************	*********************	5a		0		
		at the end of the plan year				5b	<u> </u>			
	Total number of participants	with account balances as of the end	of the plan y	ear (defined	benefit plans do not					
						5c	<u> </u>	0		
6a		s during the plan year invested in eligi					*****	X Yes No		
D	under 29 CFR 2520.104-46	f the annual examination and report of the control	it an indepe and condit	ndent qualific ions.)	ed public accountant (IQF	PA)		X Yes No		
		ither 6a or 6b, the plan cannot use l					***************************************			
Pa	rt III Financial Inform	nation		,						
7	Plan Assets and Liabilities		3	(a) !	Beginning of Year		(b) End	of Year		
а	Total plan assets	***************************************	7a		63,789			52,076		
b	Total plan liabilities		7b		·					
C	Net plan assets (subtract line	e 7b from line 7a)	7c		63,789	<u> </u>		52,076		
8	Income, Expenses, and Tran				(a) Amount	<u> </u>	(b) T	otal		
а	Contributions received or rece	ceivable from:	8a(1)							
						-				
	* *	rs)				1				
b	• • •				5,299	<u>, </u>				
c	• • • •), 8a(2), 8a(3), and 8b)			3/23-	-		5,299		
ď	Benefits paid (including direct	ct rollovers and insurance premiums				1-		3,233		
					17,012	<u> </u>				
е		ective distributions (see instructions)								
f	Administrative service provid	lers (salaries, fees, commissions)								
g	·			<u> </u>		<u> </u>				
h	•	I, 8e, 8f, and 8g)				1_		17,012		
į	• • •	ne 8h from line 8c)		terrior		ऻ_	···	(11,713)		
- 1	ransters to (from) the plan (see instructions)	Ri			1000	the first of the second	and the second second second		

		Form 5500-SF 2009	P	age 2-						
Par	t IV	Plan Characteristics							*	
1		plan provides pension benefits, enter the applicable pension fea	ture codes from the	List of Plan Chara	acteris	stic Co	des in	the instruc	ions:	
þ	If the	2L plan provides welfare benefits, enter the applicable welfare feat	ure codes from the	List of Plan Chara	cteris	tic Cod	des in t	he instruct	ons:	
Part	: V	Compliance Questions								
10	Duri	ng the plan year:				Yes	No		Amour	ıt
а		there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and ĐOL's Voluntary Fiducia	•		10a		X			
b	Wer	e there any nonexempt transactions with any party-in-interest? (Interest)	Do not include trans	actions reported	10a		Х			
С	Wa	s the plan covered by a fidelity bond?			10¢	х				300,000
d		the plan have a loss, whether or not reimbursed by the plan's fide shonesty?			10d		Х			
е	insu	e any fees or commissions paid to any brokers, agents, or other rance service or other organization that provides some or all of the uctions.)	ne benefits under the	e plan? (See	10e		х			
f	Has	the plan failed to provide any benefit when due under the plan?	,,.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10f		Х			
g	Did	the plan have any participant loans? (If "Yes," enter amount as o	f year end.)		10g		х			
h		s is an individual account plan, was there a blackout period? (Se			10h		х			
i		h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part		Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirement	•		•			•	Пү	es 🗓 No
12		is a defined contribution plan subject to the minimum funding rec							ΠY	es X No
	If a v gran	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl vaiver of the minimum funding standard for a prior year is being a ting the waiver. ompleted line 12a, complete lines 3, 9, and 10 of Schedule M	amortized in this pla	Mon	ctions. th	, and e	enter th Day	e date of the	ie letter Year _	ruling
b	Ente	r the minimum required contribution for this plan year	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12b			
		r the amount contributed by the employer to the plan for this plar	-				12c			
	nega	ract the amount in line 12c from the amount in line 12b. Enter the tive amount)	***************************************			h	12d	7	7	
		he minimum funding amount reported on line 12d be met by the	funding deadline?	************************				Yes	No	N/A
Part		Plan Terminations and Transfers of Assets							r-1	
13a		a resolution to terminate the plan been adopted during the plan y	- , -						Y	es X No
h		es," enter the amount of any plan assets that reverted to the emp e all the plan assets distributed to participants or beneficiaries, tr					13a			
	of th	e PBGC?ring this plan year, any assets or liabilities were transferred from	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						_ Y	es 🛛 No
	whic	h assets or liabilities were transferred. (See instructions.) Name of plan(s):	end plan to another	plantes, racing to			c(2) El	N/a)	424	(2) DN(a)
	136(1)	reame of pan(s).				13	C(2) E1	14(5)	130	:(3) PN(s)
					<u> </u>					
		16. f. the late of	t will be access of					1-4		
Unde SB o	er pen r Sche	A penalty for the late or incomplete filing of this return/reportables of perjury and other penalties set forth in the instructions, I adule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have	examined this retu	ırn/re	port, ir	ncludin	g, if applica	ble, a S knowled	Schedule Ige and
SIG	N	- Avant take		Brant Bake	r					• •
HER		Signature of plan administrator	Date 10 8/10	Enter name of in	ndividi	ual sig	ning as	s plan admi	nistrato	r
SIG	N					×				
HER	_	Signature of employer/plan sponsor	Date	Enter name of in	ndivid	ual sig	ning as	s employer	or plan	sponsor