## 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accord	aance witi	the instructions to the Form 55	JU-SF.		
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/20	)11	
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan	
В	This return/report is: the first return/report	the final re	eturn/report			
	an amended return/report	a short pla	n year return/report (less than 12 n	nonths)		
С	Check box if filing under:	automatic	extension		DFVC program	
	special extension (enter descriptio	n)		_	_	
Pa	art II Basic Plan Information—enter all requested informa	ation				
	Name of plan	20011		1b -	Three-digit	
	ELERT AND COMPANY INC PS 401 K PLAN				olan number	
					(PN) ▶ 001	
				1c	Effective date of plan	
22	Plan sponsor's name and address; include room or suite number (er	mployer if	for a single-employer plan)	2h 1	01/01/2010 Employer Identification Number	
SCH	ELERT AND COMPANY INC PS	inployer, ii	ioi a singie-employer plan		EIN) 91-1274013	
	ID D SCHELERT, PRESIDENT			<u> </u>	Sponsor's telephone number	
	OX 655 105 FIRST A	VENUE			509-829-6001	
	AH, WA 98953 PO BOX 655			2d [	Business code (see instructions	)
	ZILLAH, WA			0.	541211	
SCH	Plan administrator's name and address (if same as plan sponsor, er ELERT AND COMPANY INC PS PO BOX 655		")	30 /	Administrator's EIN 91-1274013	
DAVI	D D SCHELERT PRESIDENT ZILLAH, WAS	98953		3c /	Administrator's telephone numb 509-829-6001	er
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b		
_	name, EIN, and the plan number from the last return/report.			40		
	Sponsor's name			4c	PN T	
ъa	Total number of participants at the beginning of the plan year			- Ou		
b	Total number of participants at the end of the plan year			5b		
С	Number of participants with account balances as of the end of the p complete this item)			. 5c		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes	No
b	Are you claiming a waiver of the annual examination and report of a	an indeper	dent qualified public accountant (IC	QPA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		X Yes	No
D-	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.		
	rt III Financial Information					
7	Plan Assets and Liabilities	_	(a) Beginning of Year 161457		(b) End of Year 219711	
a	Total plan assets		101437		210711	
b	Total plan liabilities	7b	161457		219711	
<u>с</u> 8	Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year	7c				
а	Contributions received or receivable from:		(a) Amount		(b) Total	
ű	(1) Employers	8a(1)	12010			
	(2) Participants	8a(2)	52099			
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	. 8b	-5855			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			58254	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				
i	Net income (loss) (subtract line 8h from line 8c)	8i			58254	
i	Transfers to (from) the plan (see instructions)					
,		8j				

Form	5500-	SF	201

Page <b>2</b> -	1	
-----------------	---	--

Part IV	Plan Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 3D 2G 2E 2C
- 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		Δm	ount	
	Was there a failure to transmit to the plan any participant contributions within the time period described in	10a		X		Aiii	ount	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10b		X				
С	Was the plan covered by a fidelity bond?	10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							
е	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				
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				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	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						
art	VI Pension Funding Compliance	,						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))				•		Yes	☐ No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of						Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a lf a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling							
lf v	granting the waiverMonth ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	'		Day _		160	ai	
	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				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)	fa		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							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?	nder	the co	ntrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		130	c(2) Ell	۷(s)		13c(3)	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	cau	se is	establi	shed.			
Jnde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re	n/rep	ort, in	cluding	g, if applic	,		

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/17/2012	DAVID D SCHELERT
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