Form 5500-SF

Department of the Treasury Internal Revenue Service

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 sections 6057(b) and 6058(a) of

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public the Internal Revenue Code (the Code). Employee Benefits Security Administration Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report the final return/report **B** This return/report is: an amended return/report a short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Three-digit plan number GUENTHER MANAGEMENT 401K PROFIT SHARING PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2003 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number GUENTHER MANAGEMENT, LLC 91-2077348 (EIN) 2c Sponsor's telephone number 509-624-5242 220 W FRANCIS AVE STE 2 SPOKANE, WA 99205-6300 2d Business code (see instructions) 721110 **3b** Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 91-2077348 220 W FRANCIS AVE STE 2 **GUENTHER MANAGEMENT, LLC** SPOKANE, WA 99205-6300 Administrator's telephone number 509-624-5242 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c Sponsor's name Total number of participants at the beginning of the plan year 5a 51 **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information

Га				
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	158634	161926
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	158634	161926
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		
	(2) Participants	8a(2)	10183	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	4774	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		14957
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	11665	
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		11665
i	Net income (loss) (subtract line 8h from line 8c)	8i		3292
j	Transfers to (from) the plan (see instructions)	oj		F FF00 07 (00/4)
ror i	aperwork Reduction Act Notice and OMB Control Numbers, see the instructions for	FORM 3500-5F		Form 5500-SF (2011)

Form	5500	SF	201

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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 2E 2G 2J 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	During the plan year:		Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contributions within the time period described in	10a		X			<u>,</u>	
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	Χ					20000
d	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				
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		Х				
f	Has the plan failed to provide any benefit when due under the plan?	10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
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						
rt '	/I Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes	No
2	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.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructi granting the waiver							
-	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				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	of a		12d				
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No	N/A
е								
	/II Plan Terminations and Transfers of Assets							
rt '	/II Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?				Yes X	No		
rt '			-		Yes X	No		
rt ' 3a	Has a resolution to terminate the plan been adopted in any plan year?	1 :	3a the co		Yes X	l	Yes	X No
ırt ' 3a b	Has a resolution to terminate the plan been adopted in any plan year?	1:	3a the co	ntrol	Yes X	l	Yes	X No
art ' 3a b c	Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	1:	the co	ntrol			Yes	
art ' 3a b c	Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur of the PBGC?	1:	the co	ntrol				
art ' Ba b c	Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur of the PBGC?	1:	the co	ntrol				

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/15/2012	DALE STEVENS
HEDE		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

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).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Annual Report Identification Information	Λ1 /Λ1 <i>/</i> -	1011			12/21/2011			
	or calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending This return/report is for					12/31/2011			
	inia recent report to to.		-employer pla eturn/report	n (not multiemployer)	er) 🔲 a one-participant plan				
В	This return/report is:								
		a short pla	in year return/	report (less than 12 mo	nths)				
C	Check box if filing under: X Form 5558	automatic	extension			DFVC program			
	special extension (enter description	<u> </u>							
	nt II Basic Plan Information—enter all requested inform	ation							
	Name of plan ENTHER MANAGEMENT 401K PROFIT SHARING PL	71. NT		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10	Three-digit plan number			
GŲ.	ENTREK MANAGEMENT 4VIK FROTIT BRAKING FIL	M		1		(PN) > 001			
						Effective date of plan			
						01/01/2003			
	Plan sponsor's name and address; include room or suite number (e ENTHER MANAGEMENT, LLC	mployer, il	for a single-e	mployer plan)	26	Employer Identification Number (EIN) 91–2077348			
					25	Sponsor's telephone number			
22	0 W FRANCIS AVE STE 2					509-624-5242			
						Business code (see instructions)			
-	OKANE WA 99205-6300		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			721110			
3a GUI	Plan administrator's name and address (if same as plan sponsor, el ENTHER MANAGEMENT, LLC	nter "Same	")		3b	Administrator's EIN 91–2077348			
	0 w francis ave ste 2				3c	Administrator's telephone number			
SP	OKANE WA 99205-6300			.,		509-624-5242			
4	If the name and/or EIN of the plan sponsor has changed since the I name, EIN, and the plan number from the last return/report.	ast return/	report filed for	this plan, enter the	4b	EIN			
а	Sponsor's name	100			4c	PN			
5a	Total number of participants at the beginning of the plan year				5a	44			
b	Total number of participants at the end of the plan year				5b	51			
С	Number of participants with account balances as of the end of the promplete this item)				5c	7			
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instruction	ons.)		X Yes No			
b	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified	public accountant (IQF	PA)	X Yes No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the you answered "No" to either 6a or 6b, the plan cannot use Fo		•			<u>a</u> res [] no			
Pa	rt III Financial Information	21111 0000-	or and must	mateua dae i oim ooc	<u> </u>				
7	Plan Assets and Liabilities		(a) B	eginning of Year		(b) End of Year			
a	Total plan assets	7a		15863	4	161926			
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		15863	4	161926			
8	Income, Expenses, and Transfers for this Plan Year			a) Amount	-	(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)		1018	3				
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss).	8b		477	4				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				14957			
d	Benefits paid (including direct rollovers and insurance premiums			1166	5				
	to provide benefits)	8d		1100	4				
e	Certain deemed and/or corrective distributions (see instructions)	8e			-				
T ~	Administrative service providers (salaries, fees, commissions)				- 10 X				
g h	Other expenses (add lines od on of ond Sa)	8g			1	11665			
n :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				3292			
[i	Net income (loss) (subtract line 8h from line 8c)	18) }}5	32.52			
For P	approach Reduction Act Notice and OMB Control Numbers, see the instructions for	8j Form 5500-S	F.			Form 5500-SF (2011)			

	Form 5500-SF 2011 Page 2 -							
Par	t IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2G 2J 3D	acteris	stic Co	des in	the instru	ctions:		·····
IJ	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cierisi	ic Coc	ies in t	ne instruc	tions:		
Part	V Compliance Questions				,			
10	During the plan year:		Yes	No		Amou	nt	
a	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	· ·	х	31			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х				
C	Was the plan covered by a fidelity bond?	10c	Х				2	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х				
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		х				
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		х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х				
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						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))	plete	Scheo	lule SE	3 (Form	П	Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						_	
	if a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	th						
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b	Τ			
b	Enter the minimum required contribution for this plan year.			12c				
d	Enter the amount contributed by the employer to the plan for this plan year	of a	Γ	12d		p * • • • • • • • • • • • • • • • • • •	 	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	[] No	П	N/A
Part								
	Has a resolution to terminate the plan been adopted in any plan year?			П	es X	Vo		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	-	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under		ntrol		П	Yes 2	
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.)		n(s) to			Ц	L	J
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13	c(3) F	N(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	estab	lished			
Unde SB o	or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return f, it is true, correct, and complete.)	urn/rep	oort, ir	cludin	g, if applic			
7. "	Charles Tenya Guen	ther	9			(************************************		
SIG	10111			nino a	s plan adr	ninistrat	or	
A1-	Manua Gien				- 10.001			
HER	10/13/12			nino as	s employe	r or plan	1 spon	sor
	1 Enter mante of h		9					