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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

•	01101011 201	ment Guaranty Gerperation		Complete all entries in ac	cordance with the	instructions to the Form 550	<u>0-SF.</u>			
Pi	art I	Annual Report I	de	entification Information						
For	calenda	ar plan year 2012 or fis	<u>cal</u>	plan year beginning 01/01/	/2012	and ending	2/31/	2012		
Α	This retu	urn/report is for:	X	a single-employer plan a multiple-employer plan (not multiemploy				a one-particip	oant plan	
В	This retu	urn/report is:		the first return/report	the final return	/report		_		
				an amended return/report	a short plan ye	ar return/report (less than 12 m	onths)		
С	Check b	oox if filing under:		Form 5558	automatic exte	nsion		DFVC progra	am	
			Ш	special extension (enter descr	ription)					
Pa	art II	Basic Plan Infor	m	ation—enter all requested inf	formation					
1a	Name of	of plan					1b	Three-digit		
RICH	IARDS,	MERRILL & PETERSO)N,	INC. SAVINGS PLAN				plan number	000	
							4.	(PN) •	002	
							10	Effective date o	•	
				ss; include room or suite numbe	er (employer, if for a	single-employer plan)	2b Employer Identification Number			
RICH	HARDS,	MERRILL & PETERSO	ϽN,	, INC.				(=114)	84940	
							2c Sponsor's telephone number 509-624-3174			
		RSIDE AVE, ONE SKY WA 99201	WA	ALK			24		(see instructions)	
	•						Zu	20		
3a	Plan ac	dministrator's name and	d a	ddress Same as Plan Spons	sor Name Same	as Plan Sponsor Address	3b	Administrator's		
ICHA	RDS, M	IERRILL & PETERSON	۱, ۱۱		ERSIDE AVE, ONE	SKYWALK	20	884940		
				SPOKANE	E, WA 99201		30	Administrator's 509-624	telephone number 4-3174	
4	If the n	name and/or EIN of the	pla	an sponsor has changed since	the last return/repor	t filed for this plan, enter the	4b EIN			
_			ıbeı	r from the last return/report.			4			
		or's name	-4.41				4c PN			
				he beginning of the plan year			5a		15	
b				he end of the plan year			5b		14	
C				ount balances as of the end of		•	5с		14	
6a	Were	all of the plan's assets	du	ring the plan year invested in e	eligible assets? (See	instructions.)			X Yes No	
b	Are yo	ou claiming a waiver of	the	annual examination and repor	rt of an independent	qualified public accountant (IQ	PA)			
				ee instructions on waiver eligib					X Yes No	
				r line 6a or line 6b, the plan c						
				ncomplete filing of this return						
				penalties set forth in the instruc igned by an enrolled actuary, a						
		rue, correct, and comp			is well as the electro	one version or this return repor	i, and	to the best of my	knowledge and	
010		Filed with authorized/v	alic	d electronic signature	04/18/2013	3 TOM MCDONALD				
SIG							1 1			
		Signature of plan ac	mı	nistrator	Date	Enter name of individ	uai si	gning as pian adr	ninistrator	
SIG		O'man at	_							
						dual signing as employer or plan sponsor Preparer's telephone number (optional)				
. 10	puioi 3 i	name (morading initi tie		,, ii appiioabio, alia addioss, iii	iolado room or suite	nambor (optional)	' ' ' '	a.o. o totoprione	nambor (optional)	

Form 5500-SF 2012 Page **2**

Por	t III Financial Information		-							
<u>Pai</u> 7	Plan Assets and Liabilities		(a) Beginning of Ver	ginning of Voor			(h) End of Voor			
	Total plan assets	7a	(a) beginning of fea	(a) Beginning of Year			(b) End of Year 4264135			
	Total plan liabilities	7b	339030	71	-		4204133			
	Net plan assets (subtract line 7b from line 7a)	7c	359636	S1			4264135			
	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount	,,			(b) Total			
	Contributions received or receivable from:		(a) Amount	(a) Amount			(b) Total			
	(1) Employers	8a(1)	5014	50141						
	(2) Participants	8a(2)	13540	8(
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b	50920)3						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					694752			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2676	88						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	21	0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					26978			
	Net income (loss) (subtract line 8h from line 8c)	8i					667774			
j	Transfers to (from) the plan (see instructions)	8j								
Par										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:			
Part	V Compliance Questions									
10	During the plan year:				Yes	No	Amazzat			
a	Was there a failure to transmit to the plan any participant contributions within the time period described in					X	Amount			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)									
	on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X		500000			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	· ·	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier,							
	insurance service or other organization that provides some or all cinstructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan					X				
				10f		Χ				
<u>g</u> h	Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period?			10g		^				
	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									
Part	VI Pension Funding Compliance									
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
11a	a Enter the amount from Schedule SB line 39									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	•			and e	enter th Day	ne date of the letter ruling Year			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				<u> </u>			
b	Enter the minimum required contribution for this plan year					12b				

	Form 5500-SF 2012 Page 3 - 1			
	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 a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	3 c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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

2012

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information									
For calenda	ar plan year 2012 or f	scal plan year beginning	01/01/2012	and ending	12/31/2	2012					
A This retu	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	er) a one-participant plan						
B This ret	urn/report is:										
	•	an amended return/report	a short plan year return	n/report (less than 12 mo	onths)						
C Check h	oox if filing under:	Form 5558	automatic extension		☐ DFVC p	orogram					
• Officer b	ox ii iiiing andon										
Part II Basic Plan Information—enter all requested information											
1a Name		ormation—enter an requested into	imaton		1b Three-digi	t					
	•	PETERSON, INC. SAVING	GS PLAN		plan numb	er					
					(PN) >	002					
					1c Effective date of plan 01/01/1986						
2a Plan sp	oonsor's name and a	ddress; include room or suite number	r (employer, if for a single-	employer plan)	2b Employer Identification Number						
RICHARI	OS, MERRILL &	PETERSON, INC.				0384940					
422 14 1	OTTOPPOTTO ATT	, ONE SKYWALK			2C Sponsor's 509-624	telephone number					
422 W F	KIVEKSIDE AVE	, ONE SKIWALK									
SPOKANI	₹	WA 99201			2d Business code (see instructions) 523120						
3a Plan ad	dministrator's name a	nd address Same as Plan Sponso	or Name Same as Plar	Sponsor Address	3b Administrator's EIN						
RICHARI	OS, MERRILL &	PETERSON, INC.			91-0384940						
					3c Administrator's telephone number 509-624-3174						
422 W F	RIVERSIDE AVE	, ONE SKYWALK			305-024	1-31/4					
SPOKANI		WA 99201									
4 If the n	name and/or EIN of th	e plan sponsor has changed since the mber from the last return/report.	ne last return/report filed fo	r this plan, enter the	4b EIN						
			4c PN								
a Sponsor's name 5a Total number of participants at the beginning of the plan year											
	•	at the end of the plan year			5b	14					
	er of participants with		_								
compl	ete this item)				5c	14					
6a Were	all of the plan's asset	s during the plan year invested in eli	gible assets? (See instruc	tions.)		X Yes No					
b Are yo	ou claiming a waiver o 29 CER 2520 104-46	of the annual examination and report ?? (See instructions on waiver eligibili	of an independent qualified its and conditions.)	a public accountant (iQ		X Yes No					
If you	answered "No" to	either line 6a or line 6b, the plan ca	annot use Form 5500-SF	and must instead use	Form 5500.						
		or incomplete filing of this return/				d.					
Under nena	alties of perjury and o	ther penalties set forth in the instructi	ions. I declare that I have	examined this return/rep	port, including, if a	applicable, a Schedule					
SB or Sche	dule MB completed a rue, correct, and com	ınd signed by an enrolled actuary, as	s well as the electronic ver	sion of this return/report	t, and to the best	of my knowledge and					
SIGN Tom McDona L			4-17-13	TOM MCDONALD							
HERE	U -				vidual signing as plan administrator						
SIGN											
HERE	Signature of empl	over/nlan sponsor	Date	Enter name of individ	vidual signing as employer or plan sponsor						
Preparer's	name (including firm	name, if applicable) and address; inc				hone number (optional)					
	,	,									
						:					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year			
а	Total plan assets	. 7a	35:	9636	51				4264135	
b	Total plan liabilities	. 7b								
С	Net plan assets (subtract line 7b from line 7a)	. 7c	359	9636	1	426413				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
а	Contributions received or receivable from: (1) Employers	. 8a(1)		5014	1					
	(2) Participants	8a(2)	1.	3540	8					
	(3) Others (including rollovers)	8a(3)				.3				
	Other income (loss)	. 8b	51	0920	3					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	14 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A			69475				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		2676	8					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e				isebs(ib				
f	Administrative service providers (salaries, fees, commissions)	8f		21	.0				· · · · · · · · · · · · · · · · · · ·	
g	Other expenses	. 8g			3.0	111111	ary and f	Na A	- N	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							26978	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i		1000					667774	
j	Transfers to (from) the plan (see instructions)	- 8j							The second of the second of	
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D	feature co	odes from the List of Plan Chara	acteris	tic Co	des in	the instruc	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	es in t	he instruct	ons:		
Par	t V Compliance Questions						1			
10	During the plan year:			;	Yes	No		Amoun	<u>t</u>	
	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)					Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х				500000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	ner person of the ben	ns by an insurance carrier, efits under the plan? (See			Х				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year o	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require 1-3	d notice or one of the	10i					137	
Parl	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	nents? (If "	Yes," see instructions and com	plete	Sched	lule SE	3 (Form	Y	es No	
112	a Enter the amount from Schedule SB line 39									
12	Ves III No									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applic	eable.)							
	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.		Mon	ctions th	and e	enter th Day	ne date of t	he letter Year	ruling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Fo	rm 5500), and skip to line 13.			46:	ı			
b	Enter the minimum required contribution for this plan year					12b				