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 fiscal plan year beginning 01/01/2012		and ending 1	2/31/2	2012			
A This ret	urn/report is for:	a multiple-employer p	olan (not multiemployer)		a one-particip	oant plan		
B This ret	urn/report is: the first return/report t	he final return/report						
	an amended return/report a	short plan year retu	rn/report (less than 12 mo	onths))			
C Check b	pox if filing under: X Form 5558			DFVC progra	ım			
	special extension (enter description)			_			
Part II	Basic Plan Information—enter all requested informat	ion						
1a Name	of plan			1b	Three-digit			
WALDO, SC	HWEDA & MONTGOMERY, PS 401K PROFIT SHARING PLA	AN			plan number	001		
				10	(PN) Feffective date o			
				10	01/01	on on one of plan one of plan on one of plan one of plan on one of plan one of plan on one of plan one of plan on one of plan		
2a Plan sp	consor's name and address; include room or suite number (em	ployer, if for a single	e-employer plan)	2b	Employer Identi	fication Number		
WALDO, SO	HWEDA & MONTGOMERÝ, PS				(EIN) 91-12	32340		
				2c	Sponsor's telep			
2206 N PINE	ES RD /ALLEY, WA 99206-4721			•				
SPORANE V	ALLE 1, WA 99200-4721			2d Business code (see instructions 541110				
3a Plan a	dministrator's name and address Same as Plan Sponsor Na	ma Sama as Pla	n Sponsor Address	3h	Administrator's			
	WEDA & MONTGOMERY, PS 2206 N PINES F	_	ii oponsoi Addiess	2				
V/\LDO, 0011	SPOKANE VALI	EY, WA 99206-472	1	3с				
					509-924	1-3686		
4 If the r	name and/or EIN of the plan sponsor has changed since the la	st return/report filed t	or this plan, enter the	4b	EIN			
	EIN, and the plan number from the last return/report.			4.				
a Sponso					PN			
	number of participants at the beginning of the plan year			5a				
	number of participants at the end of the plan year			5b		6		
	er of participants with account balances as of the end of the pla ete this item)	• '	-	5с		6		
	all of the plan's assets during the plan year invested in eligible					X Yes No		
b Are yo	ou claiming a waiver of the annual examination and report of ar	n independent qualifi	ed public accountant (IQI	PA)				
	29 CFR 2520.104-46? (See instructions on waiver eligibility ar					X Yes No		
	answered "No" to either line 6a or line 6b, the plan canno							
	 penalty for the late or incomplete filing of this return/repositions alties of perjury and other penalties set forth in the instructions 					able a Cabadula		
	dule MB completed and signed by an enrolled actuary, as well							
belief, it is t	rue, correct, and complete.							
SIGN	Filed with authorized/valid electronic signature.	08/15/2013	DALE STEVENS					
HERE	Signature of plan administrator	Date	Enter name of individu	ıal eid	ning as plan adn	ninistrator		
CION	orginature or plan administrator	Date	Litter flame of individu	iai siç	grillig as plair aur	IIIIstratoi		
SIGN HERE		-						
Preparer's	Signature of employer/plan sponsor name (including firm name, if applicable) and address; include	room or suite number		_				
DALE STEV	ENS		o. (optional)		•	` ' '		
	RU BENEFITS, LLC				509-755	1010-		
	I MULLAN, SUITE 200 /ALLEY, WA 99206							
Ī								

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year				
a	Total plan assets	7a	242723				251647				
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	242723				251647				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:		(a) Amount			(13)	Total				
	(1) Employers	8a(1)	787	9							
	(2) Participants	8a(2)	638	30							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	2666	55							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							40924	ļ	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3200	0							
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							3200)	
	Net income (loss) (subtract line 8h from line 8c)	8i							892	4	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	<u> </u>									
	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uctions	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instru	ctions:			
Par	•					Ι	ı				
10	During the plan year:			1	Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					50	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	4.0		X					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					1	746
h	If this is an individual account plan, was there a blackout period? (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 2520.10			10i							
Part	VI Pension Funding Compliance										
11											
11a											
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
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 o	f the le		ling	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year					12b					

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	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):	1 3c(2) E	IN(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
	Name of trust	14b ⊤	rust's EIN		

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2012

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Pendon Benefit Guaranty Corporation	Complete all entries in accordant	ace with the instruction	ons to the Form 550	0-Sr.
Part I Annual Report Id	lentification Information	02 /2010	and anding	12/31/2012
For celendar plan year 2012 or fisc		01/2012	and ending	
A This return/report is for: B This return/report is:	the first return/report the	multiple-employer plan e final return/report		a one-participant plan
	an amended return/report a	short plan year retum/n	eport (less than 12 m	Part Control Control
C Check box if filing under:	X Form 5558 as special extension (enter description)	utomatic extension		DFVC program
Part II Basic Plan Infor	mation—enter all requested informati			
1a Name of plan	TGOMERY, PS 401K PROFIT			1b Three-digit plan number 001
				(PN) OO1 1c Effective date of plan 01/01/1988
2a Pian sponsor's name and addi WALDO, SCHWEDA & MON'	ress; include room or sulte number (em	ployer, if for a single-er	nployer plan)	2b Employer Identification Number (EIN) 91-1232340
2206 N PINES RD				2c Sponsor's telephone number 509-924-3686
SPOKANE VALLEY	WA 99206-4721			2d Business code (see instructions) 541110
	address Same as Plan Sponsor Na	me Same as Plen S	Sponsor Address	3b Administrator's EIN 91-1232340
WALDO, SCHWEDA & MON	TGOMERY, PS			3c Administrator's telephone number 509-924-3686
2206 N PINES RD				*** ****
SPOKANE VALLEY	WA 99206-4721 plen sponsor has changed since the las	et return/report filed for	this plan, enter the	4b EIN
name, EIN, and the plan num	pian sportsor has changed since the last ober from the last return/report.	at rotality aport mount		4c PN
a Sponsor's name 5a Total number of participants :	at the beginning of the plan year			5a 5
	at the end of the plan year			
Number of participants with a complete this item)	account balances as of the end of the pla	an year (defined benefi	t plans do not	5c6
b Are you claiming a waiver of	during the plan year invested in eligible the annual examination and report of a (See instructions on walver eligibility au ther time & or line &b, the plan canno	n independent qualified nd conditions.)	public accountant (i	X Yes No
If you answered "No" to es	or incomplete filing of this return/rep	ort will be assessed u	nless reasonable ca	ause is established.
The same of the sa	ner penalties set forth in the instructions nd algned by an enrolled actuary, as wel	I decions that I have a	vamined this retuitivi	eport, including, if applicable, a Schedule ort, and to the best of my knowledge and
SIGN / COC	2/		John Montgome	ery
HERI Signature of plan a	dministrator	Date 8-14-13	Enter name of indiv	idual signing as plan administrator
TOTAL MARKET STATE OF THE PARKET STATE OF THE)		John Montgom	
SIGN HERE Signature of emplo	VerVelen sponsor	Date 8-4-13	Enter name of indiv	idual signing as employer or plan aponsor
Preparer's name (including firm n	name, if applicable) and address; include	e room or suite number	(optional)	Preparer's telephone number (optional)

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1.8	Gill Financial Information	Latif Seculoficas			_					
7	Plan Assets and Liabilities	di Senim	(a) Beginning of Yea		┷		(b) End	of Year		
a	Total plan assets	. 7a	. 24	1272	3	ii mi			25	1647
b	Total plan liabilities	7b			\bot					
c	Net plan assets (subtract line 7b from line 7a)	7c	24	1272	3				25	1647
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
a	Contributions received or receivable from: (1) Employers	8a(1)		787	9					
	(2) Participants	8a(2)	1	638	0				şm Ş	10
	(3) Others (including rollovers)	8a(3)	(148				- VII.	
b	Other income (loss)	8b	:	2666	5	THE N				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c	Total income (add lines 8e(1), 8a(2), 8a(3), and 8b)	8c			(G +2)	4			0924	
u	to provide benefits)	8d		3200	0	1917			200.00	
e	Certain deemed and/or corrective distributions (see instructions)	. 8e	4		F-s.	Silv.			The co	
f	Administrative service providers (salaries, fees, commissions)	8f			į vie		1 300		17=1	
g	Other expenses	8g			145	.1.,17.2	A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	g transaction	i, ie	No.
_	Total expenses (add lines 8d, 8e, 8f, and 8g)			HE.					3	2000
1	Net income (loss) (subtract line 8h from line 8c)	81		Sec. 15.						8924
Ť	Transfere to (from) the plan (see Instructions)	8)			7	714) ·	SAR BUSINE	1979		12 V.S.
Da	1 IV Plan Characteristics				تنظ					
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for									
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Amou	nt	
а	Was there a failure to transmit to the plan any participant contributions and DQL's Voluntary Fide			10a		Х	_			
ь	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х				
c	Was the plan covered by a fidelity bond?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10c	х				Ē	0000
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 Instructions.)	her person of the bene	s by an insurance carrier, efits under the plan? (See	10e		х				
f	Has the plan failed to provide any benefit when due under the pla	m7		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	and.)	10g	х					1746
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x			'ha K	
1	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			101			veril i			./s
Pari	VI Pension Funding Compliance	*								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							נם	res	No
112	Enter the amount from Schedule SB line 39					11a				
12	is this a defined contribution plan subject to the minimum funding					302 of	ERIŜA7		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								_	
а	If a weiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instru	ctions ith	, and e	enter ti Day	ne date of t	he lette Year	er rulir	ig
1	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.				r -			
b	Enter the minimum required contribution for this plan year]	12b	l			
	We see that the second									

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	Form 5500-SF 2012	Page 3 -							
	Enter the amount contributed by the employer to the plan for this	nlan väär		12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter	r the result (enter a minus sign to the	eft of a	12d		П	***	∏ N/A	
	Will the minimum funding amount reported on line 12d be met by	the funding deadline?			Yes	!	No	I N/A	
Part	P/8-2-4-					1			
13a	Has a resolution to terminete the plan been adopted in any plan year?				Yes X	No	_		
	" order the amount of any plan assets that reverted to the	employer this year		13a	<u> </u>				
b	Were all the plan assets distributed to participants or beneficiaries	s, transferred to another plan, or brou	ght under the	control		Ľ	Ye	s X No	
C	If during this plan year, any assets or liabilities were transferred fi which assets or liabilities were transferred. (See instructions.)	rom this plan to another plan(s), Identi	ify the plan(s)	to			40.7	0) DN(=)	
	i3c(1) Name of plan(s):		1	13c(2) EIN(s) 13c(3) PN(s)_	
		100				-			
						_	_		
_									
ALE SUR	Table							7	
Banaville Trust Information (optional)					14b Trust's EIN				
142	Name of trust								
_					7.				