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).

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OMB Nos. 1210-0110

1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instru	ctions to the Form 550	0-SF.						
Part I		Identification Information									
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012					
	urn/report is for:	a single-employer plan		olan (not multiemployer)	r) a one-participant plan						
B This ret	urn/report is:	the first return/report	the final return/report								
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	_					
C Check b	box if filing under:	X Form 5558	automatic extension		DFVC program						
		special extension (enter descrip	ption)								
Part II	Basic Plan Info	ermation—enter all requested info	rmation								
1a Name	•	•			1b	Three-digit					
CHARLES A	CLEVELAND, PS 40	1K PROFIT SHARING PLAN				plan number					
						(PN) ▶ 001					
					1c Effective date of plan						
20.01		01/01/2003									
	CLEVELAND, PS	dress; include room or suite number	r (employer, it for a single	e-employer plan)	2D	Employer Identification Number (EIN) 91-1277199					
					2c	Sponsor's telephone number					
PO BOX 310						509-326-1029					
SPOKANE, \	WA 99220				2d	Business code (see instructions) 541110					
		nd address Same as Plan Sponso		ın Sponsor Address	3b	Administrator's EIN 91-1277199					
HARLES A (CLEVELAND, PS	PO BOX 31 SPOKANE,			3c	Administrator's telephone number					
		,				509-326-1029					
		e plan sponsor has changed since th	ne last return/report filed	for this plan, enter the	4b	EIN					
	•	mber from the last return/report.									
a Sponse					+	PN					
		at the beginning of the plan year			5a	2					
b Total r	number of participants	at the end of the plan year			5b	2					
		account balances as of the end of th	. , ,	•	5c	2					
6a Were	all of the plan's assets	s during the plan year invested in eli	gible assets? (See instru	ctions.)		X Yes No					
_		f the annual examination and report									
		? (See instructions on waiver eligibil									
lf you	answered "No" to e	ither line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use	Form	5500.					
		or incomplete filing of this return/									
		her penalties set forth in the instruct									
	true, correct, and com	nd signed by an enrolled actuary, as plete.	s well as the electronic ve	rision of this return/report	i, and	to the best of my knowledge and					
,	, , , , , , , , , , , , , , , , , , ,		<u> </u>								
SIGN	Filed with authorized/	valid electronic signature.	10/07/2013	DALE STEVENS							
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual siç	gning as plan administrator					
SIGN											
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	ual sic	gning as employer or plan sponsor					
	name (including firm n	name, if applicable) and address; inc				parer's telephone number (optional)					
DALE STEV						509-755-3767					
	RU BENEFITS, LLC I MULLAN ROAD, SU	ITF 216				333 . 33 37 07					
	VALLEY, WA 99206										

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Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year				
a	Total plan assets	7a	13689				156954				
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	13689	97					156954	1	
	come, Expenses, and Transfers for this Plan Year (a) Amount			•			(h)	Total	10000	•	
	Contributions received or receivable from:		(a) Amount				(15)	Total			
	(1) Employers	8a(1)	126	6							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	1879)1							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							20057	7	
	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)	
	Net income (loss) (subtract line 8h from line 8c)	8i							2005	7	
	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 2A 2E 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	des 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 Coc	les in t	he instru	ctions:			
Dawl	W Commission of Oscartions										
Part	•				V	NI.	l				
10	During the plan year:	4: · · · · i da :		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					20	000
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 insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan					X					
				10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a		<u>, </u>	10g		X					
h	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	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		No
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se			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 being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver Month Day Year										
If	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):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form **5558** (Rev. August 2012)

Department of the Treasury Internal Revenue Service

Part I Identification

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Information about Form 5558 and its instructions is at www.irs.gov/form5558

OMB No. 1545-0212

File With IRS Only

	No. of Electrical and the state of the state	T	- 10 b									
A	Name of filer, plan administrator, or plan sponsor (see instructions) CHARLES A CLEVELAND, PS Number, street, and room or suite no. (If a P.O. box, see instructions) PO Box 3106			B Filer's Identifying number (see instructions)								
				Employer identification number (EIN) (9 digits XX-XXXXXXX								
				91-1277199 Social security number (SSN) (9 digits XXX-XX-XXXX)								
	City or town, state, and ZIP code	┨	Socia	l securit	y number (SSN)	(9 digits XXX-)	(X-XXXX)					
	SPOKANE, WA 99220											
<u></u>			Plan		Plar	n year endin	na —					
	Plan name		umb		ММ	DD	YYYY					
	CHARLES A CLEVELAND. PS 401K PROFIT SHARING PLAN	0	0	1	12	31	2012					
Par		55-S	SA			•	•					
1	Check this box if you are requesting an extension of time on line 2 to file the in Part 1, C above.	first F	orm	5500 s	eries return/r	eport for the	plan listed					
0	I request an extension of time until 10 / 15 /2013 to file Form 8	CC00 -	!	/ !-								
2	I request an extension of time until 10 / 15 /2013 to file Form 5 Note. A signature IS NOT required if you are requesting an extension to file Form				istructions).							
	Note. A signature to NOT required it you are requesting arrestension to life For	111 000	u sen	es.								
3	request an extension of time until 10 / 15 /2013 to file Form 8 Note. A signature IS NOT required if you are requesting an extension to file Form				structions).							
	The application is automatically approved to the date shown on line 2 and/or the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 3 (above) is not later than the 15th day of the third month after the normal date.	this ex	ktens	on is i	(a) the Form s requested, as	5558 is filed nd (b) the d	on or before ate on line 2					
Pari	Extension of Time To File Form 5330 (see instructions)											
4	I request an extension of time until / / to file Form 5	5330.										
	You may be approved for up to a 6 month extension to file Form 5330, after the	norm	al du	e date	of Form 5330).						
				ı								
а	Enter the Code section(s) imposing the tax	>	а	<u> </u>		·						
b	Enter the payment amount attached				, 🕨	ь						
С	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/a	ameno	lmen	date	<i>.</i> >	_c						
5	State in detail why you need the extension:											
	-11-24-24-24-34-34-34-34-34-34-34-34-34-34-34-34-34											

	170-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-						****					

Under	penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on	this for	m are	true. co	rrect, and comp	lete, and that I	am authorized					
	pare this application.		0									
Signa	ature COLOL Date > 7/19/20	<i>)</i> (5									

Form 5500-SF

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of the Treasury Internal Revenue Service

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.

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	: Identification Information			
For calendar plan year 2012 or f	iscal plan year beginning	01/01/2012 and	d ending	12/31/2012
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not m	ultiemployer)	a one-participant plan
B This return/report is:	the first return/report	the final return/report		
	an amended return/report	a short plan year return/report (le	ess than 12 months	s)
C Check box if filing under:		DFVC program		
	special extension (enter desc	cription)		_
Part II Basic Plan Info	rmation—enter all requested in	formation		
1a Name of plan	***		1b	Three-digit
CHARLES A CLEVELAND), PS 401K PROFIT SHA	RING PLAN		plan number 001
			10	(PN) (PN) (PN) (PN) (PN) (PN) (PN) (PN)
			'	01/01/2003
		er (employer, if for a single-employer	plan) 2b	Employer Identification Number
CHARLES A CLEVELAND	, PS			(EIN) 91-1277199
PO Box 3106			2c	Sponsor's telephone number
FO BOX 5100			24	509-326-1029 Business code (see instructions)
SPOKANE	WA 99220		20	541110
3a Plan administrator's name a	nd address Same as Plan Spon	sor Name Same as Plan Sponsor	Address 3b	Administrator's EIN
CHARLES A CLEVELAND	, PS		_	91-1277199
			30	Administrator's telephone number
PO Box 3106				509-326-1029
SPOKANE	WA 99220			
	e plan sponsor has changed since imber from the last retum/report.	the last return/report filed for this plan	ı, enter the 4b	EIN
a Sponsor's name	mider from the last returnireport.		4c	: PN
 '	at the beginning of the plan year.			<u> </u>
b Total number of participants	at the end of the plan year	·	} —	-
C Number of participants with	account balances as of the end of	the plan year (defined benefit plans d		
		eligible assets? (See instructions.)		X Yes No
		rt of an independent qualified public a pility and conditions.)		X Yes ∏ No
	,	cannot use Form 5500-SF and must		
Caution: A penalty for the late	or incomplete filing of this retur	n/report will be assessed unless re	asonable cause is	s established.
Under penalties of perjury and of	ther penalties set forth in the instru	ctions, I declare that I have examined	this return/report, i	including, if applicable, a Schedule
SB or Schedule MB completed a belief, it is true, correct, and com		as well as the electronic version of this	s return/report, and	I to the best of my knowledge and
	<u> </u>	19/16/2 dehart		
SIGN C	<u> </u>	7 (9 24 7 Charle	es A. Cleve	land
Signature of plan a	administrator	Date Enterna	ame of individual si	igning as plan administrator
SIGN OQQ	es A. Cleve	land		
HERE Signature of emplo				igning as employer or plan sponsor
Preparer's name (including firm	name, if applicable) and address; in	nclude room or suite number (optional) Pre	parer's telephone number (optional)
1			1.0	Table Andrews Light Special Light Andrews Applied

Part III Financial Information									
7 Plan Assets and Liabilities	P. Marie	(a) Beginning of Ye	ar		(b) End of Year				
a Total plan assets	7a		3689	7	•			56954	
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c	1	7	156954					
8 Income, Expenses, and Transfers for this Plan Year	100	(a) Amount			(b) Total				
Contributions received or receivable from: (1) Employers	8a(1)		126	6	6				
(2) Participants				15.					
(3) Others (including rollovers)				11.8					
b Other income (loss)			1879	1					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		. 6.5					20057	
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	;			150					
Certain deemed and/or corrective distributions (see instructions)									
· · · · · · · · · · · · · · · · · ·				125.7	AN MARIE Visit in M	eria, eg , syris A Bedit Al	ige vorske, i Har faktoris	52L 10	
f Administrative service providers (salaries, fees, commissions)				-				20 C (446)	
g Other expenses			72. 7				Maria Maria	<u> </u>	
h Total expenses (add lines 8d, 8e, 8f, and 8g)			in the					20057	
i Net income (loss) (subtract line 8h from line 8c)		<u>szt zásk újstak kél stelli</u>	17/1/2	4	-1.34	9 e - 1 a a a a		20057	
j Transfers to (from) the plan (see instructions)	····· 8j								
b If the plan provides welfare benefits, enter the applicable welfar Part V Compliance Questions	e feature cod	es from the List of Plan Chara	cteristi	c Cod	es in t	he instructio	ns:		
10 During the plan year:				Yes	No		Amount		
Was there a failure to transmit to the plan any participant contr 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F			10a		Х				
b Were there any nonexempt transactions with any party-in-inter on line 10a.)	est? (Do not	include transactions reported	10b		Х				
C Was the plan covered by a fidelity bond?		-	10c	Х				20000	
d Did the plan have a loss, whether or not reimbursed by the pla or dishonesty?			10d		Х				
Were any fees or commissions paid to any brokers, agents, or insurance service or other organization that provides some or instructions.)	other person all 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	plan?		10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amour	nt as of year e	end.)	10g		Х				
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 provide exceptions to providing the notice applied under 29 CFR 2520.			10i						
Part VI Pension Funding Compliance	,								
11 Is this a defined benefit plan subject to minimum funding requir 5500) and line 11a below)	ements? (If "	Yes," see instructions and com	plete	Sched	lule SE	3 (Form	Yes	∏ No	
11a Enter the amount from Schedule SB line 39					11a				
12 Is this a defined contribution plan subject to the minimum fund	ing 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 bel	ow, as applic	able.)							
If a waiver of the minimum funding standard for a prior year is to granting the waiver.	_			and e	nter th Day		e letter ru Year	ling	
If you completed line 12a, complete lines 3, 9, and 10 of Schee	dule 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	Т	12c						
d		а	12d						
е				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?		☐ Y	es X N	lo				
	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 un of the PBGC?		ontrol		☐ 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.)	plan(s) t	0			1-1			
	13c(1) Name of plan(s):	13	c(2) Ell	N(s)	13c(3) PN(s)			
					 				
Part	YIII Trust Information (optional)								
14a Name of trust					14b Trust's EIN				