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

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	uctions to the Form 550	0-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part I	Annual Report	Identification Information					
For calenda	ar plan year 2012 or fi	scal plan year beginning 12/01/2	2012	and ending 1	1/30/2	2013	
	turn/report is for:	a single-employer plan		plan (not multiemployer)		a one-partici	oant plan
B This ret	turn/report is:	the first return/report	x the final return/repor	t			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	_	
C Check I	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descr	iption)				
Part II	Basic Plan Info	ermation—enter all requested info	ormation				
1a Name		·			1b	Three-digit	
CLARK JEN	NINGS & ASSOCIATE	ES, INC. PROFIT SHARING PLAN				plan number	
						(PN) •	001
					1c	Effective date o	•
30 Diame		Idea - Santada			Ole	12/01	
	ponsor's name and ad ININGS & ASSOCIAT	ldress; include room or suite numbe ES. INC.	er (employer, if for a single	e-employer plan)	20	Employer Identi	fication Number 62200
		,			20	(=114)	
PO BOX 592					20	Sponsor's telep	
	2 A 98907-0592				2d		(see instructions)
						5312	,
3a Plan a	dministrator's name a	nd address Same as Plan Spons	or Name Same as Pla	an Sponsor Address	3b	Administrator's	EIN
	INGS & ASSOCIATES		ш				662200
			VA 98907-0592		3с		telephone number
						509-248	3-5600
1 If the m			h - l t t / t fil l	fanthia alan antautha	Alla		
		e plan sponsor has changed since t mber from the last return/report.	ne last return/report filed	for this plan, enter the	40	EIN	
	or's name	mbor nom the last retain properti			4c	PN	
5a Total r	number of participants	at the beginning of the plan year			5a		4
b Total r	number of participants	at the end of the plan year			5b		0
		account balances as of the end of t			30		
			. , ,	•	5с		0
6a Were	all of the plan's asset	s during the plan year invested in el	ligible assets? (See instru	ictions.)			X Yes No
_	· ·	f the annual examination and report	•	,			
		? (See instructions on waiver eligibi					X Yes No
lf you	answered "No" to e	ither line 6a or line 6b, the plan c	annot use Form 5500-S	F and must instead use	Form	5500.	
		or incomplete filing of this return					
		her penalties set forth in the instruc					
	true, correct, and com	nd signed by an enrolled actuary, a plete.	s well as the electronic ve	ersion of this return/report	., and	to the best of my	knowledge and
·		•	1	1			
SIGN	Filed with authorized	valid electronic signature.	01/28/2014	DARREN HARTMAN			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator
SIGN							
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ual sic	ning as employe	ar or plan sponsor
Preparer's		name, if applicable) and address; in					number (optional)
	, ,	, ,		, ,		·	, ,

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Do	t III Financial Information										
7	•		(a) De alamia a c (Va		Т		(b) F., d	- ()/			
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End	OT YE		^	
	Total plan liabilities	7a	58968	02	+					0	
	Total plan liabilities	7b	59069	22						<u> </u>	
	,	7c	58968	02	-		(L) T	- 1 - 1)	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai			
	(1) Employers	8a(1)	2150	0							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	7648	3							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							97983	3	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	68371	6							
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g	394	9							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						6	8766	5	
	Net income (loss) (subtract line 8h from line 8c)	8i						-5	8968	2	
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2R 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruc	tions	:		
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 instructi	ons:			
Par	V Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
c	Was the plan covered by a fidelity bond?			10c	Χ					300	000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud	10d		X				300	000
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100							
Ū	insurance service or other organization that provides some or all of										
	instructions.)			10e		X					
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					
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	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	П	No
112	Enter the amount from Schedule SB line 39					11a					
114	In this a defined contribution when subject to the minimum funding	roquiromo	ents of section 412 of the Code	or se	ction	302 of	ERISA?		Yes	X	No
12	Is this a defined contribution plan subject to the minimum funding	requireme									
			able.)								
12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	, as applica	ed in this plan year, see instru		, and	enter th	ne date of th	ne le Yea		ling	_
12 a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being	, as applica	ed in this plan year, see instru Mon		, and	_	ne date of the			ling	

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С	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?	X	res 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		X Yes	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):	13c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				

14b Trust's EIN

14a Name of trust

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OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

	Security Administrators	th the instructions	s to the Form 5500-S	SF.	
Pension Benefit	Guaranty Corporation Complete all entries in accordan	ce with the instructions	0 10 1110		
Part I A	nnual Report Identification Information	1/2012	and ending	11/30/201	13
or calendar p	an year 2012 or fiscal plan year beginning		not multiemployer)	☐ a one-partic	cipant plan
A This return	x a single-employer plan	multiple-employer plan (r	of manachipioyer)		
	the first return/report X Inc	e final return/report			
B This return	an amended return/report as	hort plan year return/rep	ort (less than 12 mon	iths)	
	Н Па	utomatic extension		☐ DFVC prog	gram
C Check box	if filing under:				
	special extension (enter description)				
Part II E	Basic Plan Information—enter all requested information	on		1b Three-digit	
			1	plan number	0.01
CLARK JE	olan NNINGS & ASSOCIATES, INC. PROFIT SH	ARING PLAN		(PN) ▶	001
CLIME				1c Effective date	
				12/01/19	80
	ii har fam	player if for a single-em	plover plan)	2b Employer Ide	entification Number
2a Plan spo	nsor's name and address; include room or suite number (em	pioyer, ir for a onigre	**************************************	(EIN) 91-0	662200
CLARK JE	NNINGS & ASSOCIATES, INC.			2c Sponsor's te	elephone number
				509-248-	
PO BOX 5	592			2d Business co	de (see instructions)
	WA 98907-0592			531210	
YAKIMA	712.2	ame Same as Plan S	ponsor Address	3b Administrato	
3a Plan adr	ninistrator's name and address Same as Plan Sponsor Na	ame Dounte de Lieu		91-0662	
CLARK J	ENNINGS & ASSOCIATES, INC.				or's telephone number
				509-248	-5600
PO BOX	592				
10 2011					
YAKIMA	WA 98907-0592			41	
	ame and/or EIN of the plan sponsor has changed since the la	ast return/report filed for	this plan, enter the	4b EIN	
4 If the na	EIN, and the plan number from the last return/report.			4c PN	
					4
	the health of the plan year			5a	0
				· 5b	
					0
c Number	er of participants with account balances as of the end of the ete this item)				X Yes No
					🛕 103 📗 110
6a Were	all of the plan's assets during the plan year invested in eligible to claiming a waiver of the annual examination and report of the annual examination and report of the claiming an waiver eligibility.	an independent qualified	d public accountant (10	QPA)	X Yes No
b Are yo	ou claiming a waiver of the annual examination and report of 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditions.)	t instead us	e Form 5500.	
if you	29 CFR 2520.104-46? (See instructions on waiver eligibility answered "No" to either line 6a or line 6b, the plan can	not use Form 5500-SF a	and must mstead us	or or established	
	wantly for the late or incomplete filing of this return/re	port will be assessed a		tingluding if	applicable a Schedule
Caution: F	A penalty for the late or incomplete filing of this return/re alties of perjury and other penalties set forth in the instruction edule MB completed and signed by an enrolled actuary, as w	ns, I declare that I have e	examined this return/rend	eport, including, in	of my knowledge and
CD or Sch	Aule MR completed and signed by an officer	vell as the electronic vers	SION OF THIS TERMINIOPE	51 cq carrier 12	
belief, it is	true, correct, and complete	1			
		1/24/2014	Darren Hartm	an	
SIGN	ATTEX .		Enter name of indiv	idual signing as pla	an administrator
HERE	Signature of plan administrator	Date /	Elitor risks		
CICN					en lever or plan enonsor
SIGN	Signature of employer/plan sponsor	Date	Enter name of indiv	vidual signing as er	mployer or plan sponsor phone number (optional)
	Signature of employer/plan sponsor and address; inclusions including firm name, if applicable) and address; inclusions including firm name, if applicable and address; inclusions including firm name, if applicable and address including firm name, and address including firm name and address including firm	de room or suite numbe	er (optional)	Fiehalel s tele	P. 10.10 1.0.1.
-	CHAIRE Unduring min name in the			1	
Preparer's	, , , , , , , , , , , , , , , , , , , ,			1	
Preparer's	, ilanis (
Preparer's					

Form 5500-SF 2012		rage Z					-
Part III Financial Information		(a) Beginning of Year	T		(b)	End of Year	_
7 Plan Assets and Liabilities		(a) Beginning of Tear	82		,,,		0
a Total plan assets	7a		\dashv				
h Total plan liabilities	7b	5896	582				0
C Net plan assets (subtract line 7b from line 7a)	7c		+			(b) Total	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	\dashv			(-)	
- Libertana received or receivable from:	8a(1)	21	500				
(1) Employers	8a(2)						
(2) Participants	1						
(3) Others (including rollovers)	8b	76	483				
b Other income (loss)	1					9798	83
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 80		D1.0				
d Benefits paid (including direct rollovers and insurance premiums	8d	683	716				
to provide benefits) e Certain deemed and/or corrective distributions (see instructions)	8e						
e Certain deemed and/or corrective distributions (see commissions)	8f						
f Administrative service providers (salaries, fees, commissions)	8g		3949			6076	
g Other expenses				_		6876	
h Total expenses (add lines 8d, 8e, 8f, and 8g)						-5896	182
i Net income (loss) (subtract line 8h from line 8c)							
j Transfers to (from) the plan (see instructions)							
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension	n foature co	odes from the List of Plan Charac	cterist	ic Cod	des in the	e instructions:	
b If the plan provides welfare benefits, enter the applicable welfare	e feature co	des from the List of Flati Gristae					_
Part V Compliance Questions				Yes	No	Amount	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions and DOL's Voluntary F	ibutions with	hin the time period described in	10-		Х		
Was there a failure to transmit to the plan any participant control 29 CFR 2510.3-102? (See instructions and DOL's Voluntary)	iduciary Co	orrection Program)	10a		-		
			10b		X		
line 10a)			10c	Х		300	000
Was the plan covered by a fidelity bond?		d by froud	100		1		
d Did the plan have a loss, whether or not reimbursed by the pla	ın's fidelity b	oond, that was caused by hadd	10d		X		
					x		
• Were any fees or commissions paid to any brokers, agents, or insurance service or other organization that provides some or instructions.)	all of the be		10e	_	<u> </u>		
f Has the plan failed to provide any benefit when due under the	plan?		10f		Х		
f Has the plan failed to provide any benefit when due these was	ent as of ves	ar end)	10g		Х		
g Did the plan have any participant loans? (If "Yes," enter amou	ad (See in	etructions and 29 CFR	1		Х		
h If this is an individual account plan, was there a blackout period 2520.101-3.)			10h	4_			
			10i				
i If 10h was answered "Yes," check the box if you either provid exceptions to providing the notice applied under 29 CFR 252	0.101-3		101				
				0-1-	- dula CI	2 (Form	
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requ	uirements?	(If "Yes," see instructions and co	mplet	e Scn	edule St	Yes Yes	No
5500) and line 11a below)					11a		
11a Enter the amount from Schedule SB line 3912 Is this a defined contribution plan subject to the minimum fur	nding requir	rements of section 412 of the Co	de or	sectio	n 302 of	ERISA? Yes	X No
12 Is this a defined contribution plan subject to the minimum rule	pelow as ar	oplicable.)					
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e b a If a waiver of the minimum funding standard for a prior year i	is being am	ortized in this plan year, see inst	ructio	ns, an	d enter t	the date of the letter rulin	ng
a If a waiver of the minimum funding standard for a prior year in granting the waiver.			onth_		Day	1601	
- I the line 12a complete lines 3, 9, and 10 of Sci	reduie wie	1			12b		
b Enter the minimum required contribution for this plan year							

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		- T	12c		
С	Enter the amount contributed by the employer to the plan for this plan year	61.070	12d		
				Yes	□ No □ N/A
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				
S	NUL Blan Terminations and Transfers of Assets			es 🗍	No
13a	the state to temporate the plan been adopted in any plan year?				
	the support of any plan assets that reverted to the employer this year		1.5.5		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or blooght				X Yes 1
С	of the PBGC?	re plant(s)			42 - (2) DN/
		1	3c(2) E	IN(s)	13c(3) PN(
	13c(1) Name of plan(s):				
				_	
D-	t VIII Trust Information (optional)				
	Name of trust		14b	Trust's El	N
148	Name of trast				