	Form 5500-SF	Short Form Annual R	yee	OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe				2009		
E	Department of Labor mployee Benefits Security Administration	Retirement Income Security A						
P	Pension Benefit Guaranty Corporation	Complete all entries in accor	Inspection					
		entification Information						
For	calendar plan year 2009 or fisca		9	and ending 1	2/31/2	2009		
Α	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan		
В	This return/report is for:	first return/report						
	Ļ	an amended return/report	nths)					
С	Check box if filing under:	Form 5558		extension		DFVC program		
		special extension (enter descriptio	-					
-	art II Basic Plan Inforn Name of plan	nation—enter all requested inform	ation		1h	Three-digit		
	-	PRISES OF WASHINGTON 401(K)	PROFIT S	HARING PLAN		plan number		
						(PN) ▶ 001		
					1c	Effective date of plan 01/01/1998		
	Plan sponsor's name and addre ERANS INDEPENDENT ENTER	ess (employer, if for single-employer RPRISES OF WASHINGTON	plan)		2b	Employer Identification Number (EIN) 91-1398031		
4630	16TH STREET EAST #B				2c	Plan sponsor's telephone number 253-922-5650		
	, WA 98424				2d	Business code (see instructions) 541990		
	Plan administrator's name and ERANS INDEPENDENT ENTER	address (if same as Plan sponsor, e			3b	Administrator's EIN 91-1398031		
	HINGTON	FIFE, WA 98			3c	Administrator's telephone number 253-922-5650		
4	If the name and/or EIN of the pla	n sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan numbe							
52	Total number of participants at	the beginning of the plan year			4c			
b		the end of the plan year			5a 5b	17		
c		th account balances as of the end of			30	13		
	complete this item)				5c	8		
		uring the plan year invested in eligib				Yes No		
b		e annual examination and report of See instructions on waiver eligibility				X Yes No		
		er 6a or 6b, the plan cannot use F						
Pa	rt III Financial Informa	ation						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year		
a h	•			8671		125672		
b C	•	b from line 7a)	8671	0 16 125672				
8	Income, Expenses, and Transf	/	(b) Total					
a	Contributions received or recei			(a) Amount				
			. 8a(1)	(<u>)</u>			
h	., ,)			2			
b	()	8a(2), 8a(3), and 8b)		38950	C C	38956		
c d		ollovers and insurance premiums	_	33300				
	o provide benefits)							
e		eemed and/or corrective distributions (see instructions) 8e						
f	•	ers (salaries, fees, commissions)						
g b	•	8g				0		
h i		86, 8f, and 8g)				0		
		e 8h from line 8c)				30000		
i	Transfers to (from) the plan (se	e instructions)	· 8j					

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

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Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2J 2K 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:	_	Yes	No		Amou	Int	
а	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)		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x				
С	Was the plan covered by a fidelity bond?	10c	X				:	200000
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		X				
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 amount as of year end.)	10g	X					16312
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		x				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))						Yes	X No
lf : b c d	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (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 instru- granting the waiver	ctions oth of a	, and e	nter th Day 12b 12c 12d	e date of th	ne lette		
					165	INC	,	N/A
Part								
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year			 13a			Yes	× No
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought			ntrol				
c	of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)						Yes	× No
1	3c(1) Name of plan(s):		130	:(2) El	N(s)	13	3c(3)	PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/24/2010	DON HUTT
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/24/2010	DON HUTT
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Department of the Tressury	ort Form Annual	суөө		OME Nos. 1210-0 1210-0				
Internal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employ Retirement income Security Act of 1974 (ERISA), and section 6058(a) of the				yee 200			
Department of Labor Employee Benefits Security Administration	intern	ai Revenue (74 (ERISA), and section 6058(a) of Code (the Code).	the	This Form is	Open to Public		
Pension Benefit Guaranty Corporation	th the Instructions to the Form 5			pection.				
Parti, Annual Report Identif	Ication information		ar the mod bodons to the Porm 5	300-8 F.				
For the calendar plan year 2009 or flacal p	plan year beginning		9-01-01 and ending	20	09-12-31			
A This return/report is for: 🛛 🗙 single	a-amployer plan	multiple-	employer plan (not multiemployer)	Γ	one-participant	t öl≄n		
B This return/report is for:	return/report	🗍 final retu	m/report	L.,		(pia)		
an an	mended return/report	short pla	n year return/report (less than 12 mor	iths)				
Check box if filing under: 💦 🗌 Form	5558		c extension	Γ	DFVC program	7		
Speck	ai extension (enter description	on)		L	l	•		
Part II Basic Plan Information	n enter all requested in	formation		<u> </u>				
a Name of plan				1b 7	"hree-digit	······		
Veterans Independent Enter	Corises of Washing	top 401 ()		p	lan number			
	.prave or manning	CON SOT (1	N) PROPIT SHARING PLAN		PN) 🕨	001		
					iffective date of p .998-01-01	blan		
a Plan sponsor's name and address (empl	loyer, if for single-employer	pian)		2b E	mployer Identific	ation Number		
VETERANS INDEPENDENT ENTER	PRISES OF WASHING	TON		(1	EIN) 91-139	8031		
4630 16TH STREET EAST #B				2c Plan sponsor's telephone number (253) 922-5650				
S FIFE WE	98424				usiness code (se			
a Plan administrator's name and address (oter "Same"		. 5	41990			
Same		inter Okina j		3D A	dministrator's Ell	N		
				ļ	dministrator's tel			
If the name and/or EIN of the plan spons name, EIN and the plan number from the	or has changed since the la liast return. Sponsor's Nam	ast return/repo	ort filed for this plan, enter the	4b E	IN			
name, End and the plan number from the	a last return. Sponsors Nam	1e		4b Ei 4c Pi				
name, EIN and the plan number from the a Total number of participants at the beginn	ning of the plan year	1e	• • • • • • • • • • • • • •	4c Pi		17		
a Total number of participants at the end of Total number of participants at the end of	hing of the plan year		• • • • • • • • • • • • • • •	4c Pi		17		
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Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the Instructions: 2E 2F 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the Instructions:

Part V Compliance Questions

10	During the plan year:		Yes	No	·	A	
ڈ د	29 CFR 2510.3-102? (See instructions and DOI's Voluntery Eiducian Committee Period described In	10a		x		Amount	
t	 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 	105		x			
ć	Was the plan covered by a fidelity bond?	100	x	 	· ··		
C	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	-	~	x	<u> </u>		200,000
e		10d	.	x			
f	Has the plan failed to provide any benefit when due under the plan?	10e		x	<u> </u>	.	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<u>10f</u>					
ĥ	If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR 2520.101-3.)	10g	<u>x</u>		STALL		16,312
1	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	10h		<u>×</u>			
Par	VI Pension Funding Compliance	101			Ϋ́́,	We 14. 1	5.t ₄
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500))	Sche	dule S	B (Fo	m		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se				<u>., , ,</u>		X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	Guun	302 01	ERIS	Ar .	. Lites	X No
	If a waiver of the minimum funding standard for a prior year is being emortized in this plan year, see instructions granting the waiver Mont	, end i h	anter ti			etter ruling Year	
If	The completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Uay		T ØØF	
b	Enter the minimum required contribution for this plan year	• •		26			
C.	Enter the amount contributed by the employer to the plan for this plan year			2c			······
đ	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)			2d			· · · · · · · · · · · · · · · · · · ·
	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 during the plan year or any prior year?			- T		. Yes	X No
h				3a			
	Ware all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under to of the PBGC?					—	
с с	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See Instructions.)	i(s) to	•••	• •	* • •	. [_]Yes	XNo
1	3c(1) Name of plan(s):		13c(2) EIN	(8)	13c(3)	PN(s)
							
Cautio	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cau						
Under	penalties of periury and other penalties set forth in the last writing I declars that I have available difference	80 18	estab	lished	l	-	
	penalties of perjury and other penalties set forth in the instructions. I declare that I have examined this return/report inchedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and t is true, correct, and complete.	t, inclu nd to ti	iding, l hé bes	t appl t of m	icable, a y knowlei	Schedule ige and	
SIGN	Len Shutt Don Hu	11			_		
HER			Anine		n. n. dami - 1	-1 1	

HERE Signature of plan administrator	Date 6	161	ly de	Enter name of individual signing as plan administrator
HERE Signature of employacinian acordan		11		Don Hutt
HERE Signature of employer/plan eponsor	Date (/	16.14	Lain	Enter name of individual signing as employer or plan eponsor
		7	- <i>, ,</i> ,	er an er de de la sing de employer of plan apolisor