## 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 section 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	rdance wit	h the instructions to the Form 550	0-SF.				
		dentification Information							
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200	)9	and ending 1	2/31/2	2009			
Α.	This return/report is for:	x single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:								
		an amended return/report	short plan	n year return/report (less than 12 mo	nths)				
C	Check box if filing under:	Form 5558	automatio	extension		DFVC program			
_		special extension (enter descripti	on)						
Do	rt II   Pacia Plan Infor								
		mation—enter all requested inform	nation		1h	Three-digit			
	Name of plan THWEST VENTURE ASSOCIA	ATES LLC 401(K) PLAN			ID	plan number			
Non	THINEST VEITHORE AGGOOD	(120, 220 401(N) 1 2/N				(PN) • 001			
					1c	Effective date of plan			
						01/01/1993			
	•	ress (employer, if for single-employer	r plan)		2b	Employer Identification Number			
NOR	THWEST VENTURE ASSOCIA	ATES				(EIN) 91-1946344			
	V DAGIEIO AVENIJE				2c	Plan sponsor's telephone number			
	V. PACIFIC AVENUE E 200				24	509-326-1325 Business code (see instructions)			
SPO	KANE, WA 99201				Zu	523900			
3a	Plan administrator's name and	l address (if same as Plan sponsor, e	enter "Sam	e")	3b	Administrator's EIN			
NOR	THWEST VENTURE ASSOCIA		IFIC AVEN	IÚE		91-1946344			
		SUITE 200 SPOKANE,	WA 99201		3с	Administrator's telephone number			
<b>1</b> 1	the name and/or FINI of the ni	on an angular has abangad aines the la	ot roturn/ro	an out filed for this plan, anter the	509-326-1325 <b>4b</b> EIN				
		an sponsor has changed since the la er from the last return/report. Sponso		port filed for this plan, enter the	40	EIN			
	, , ,				4c	PN			
5a	Total number of participants a		5a	4					
b	Total number of participants a	t the end of the plan year			5b	3			
С		vith account balances as of the end c			0.0				
					5c	3			
6a	Were all of the plan's assets	during the plan year invested in eligib	ole assets?	(See instructions.)		X Yes No			
b				ndent qualified public accountant (IQ					
				ions.)		Yes   No			
Do	rt III Financial Inform		orm 5500-	SF and must instead use Form 55	00.				
		ation							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
	Total plan assets		7a	1050999	,	1114173			
b	·				-				
<u> </u>	Net plan assets (subtract line	7b from line 7a)	7с	1050999	)	1114173			
8	Income, Expenses, and Trans			(a) Amount		(b) Total			
а	Contributions received or rece		90(1)	11395					
	• • • • • • • • • • • • • • • • • • • •		. , ,		-				
				1500	<u>'</u>				
	, ,	5)	` '		_				
b	` ,			223626	)				
C	, , ,	8a(2), 8a(3), and 8b)	8c			236521			
d	1 \	rollovers and insurance premiums	8d	171921					
е	. ,	tive distributions (see instructions)							
f		ers (salaries, fees, commissions)		1426	3				
g									
h	·	8e, 8f, and 8g)				173347			
i		e 8h from line 8c)				63174			
i		ee instructions)		(		20			
		,,,	n XI	1	, ,				

<b>D</b> ( 1) (	DI OI ( '4'	
Part IV	Plan Characteristics	

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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

D .	11 1110	plan provides wellare beliefits, effer the applicable wellare feat	are codes nom the	List of Flatt Chara	ICICIIS	iic Coi	ics III	uie iiisuut	Juoris.			
Part	٧	Compliance Questions										
10	During the plan year:						No		Amoun	t		
а	Was there a failure to transmit to the plan any participant contributions within the time period described 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 reporte on line 10a.)						X					
С	Was the plan covered by a fidelity bond?									100000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?											
	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.)						X					
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X					
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	f year end.)		10g		X					
_	If th	s is an individual account plan, was there a blackout period? (Se	e instructions and 2	9 CFR	10h		X					
i		h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3			10i							
Part '	VI	Pension Funding Compliance										
11	ls th 550	s a defined benefit plan subject to minimum funding requirement	s? (If "Yes," see ins	tructions and com	plete	Schec	lule SE	3 (Form	Ye	es X No		
12	ls t	is a defined contribution plan subject to the minimum funding rec	quirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Ye	es X No		
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl	,									
		vaiver of the minimum funding standard for a prior year is being a ting the waiver.										
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M					Day		Teal			
		r the minimum required contribution for this plan year		-			12b					
		r the amount contributed by the employer to the plan for this plan					12c					
d	Sub	ract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a min	us sign to the left	of a		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 during the plan y	ear or any prior yea	r?					ΠYe	es X No		
	If "Y	es," enter the amount of any plan assets that reverted to the emp	lover this vear				13a					
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							es X No				
	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)											
13	13c(1) Name of plan(s):						c(2) El	N(s)	13c	<b>(3)</b> PN(s)		
Cauti	on:	A penalty for the late or incomplete filing of this return/report	t will be assessed (	unless reasonab	le cau	ıse is	establ	ished.	1			
Under SB or	per Sch	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have	examined this retu	ırn/rep	port, ir	cludin	g, if applic				
SIGN	Filed with authorized/valid electronic signature. 09/28/2010 JEAN J. BALEK-N			MINER								
HERE					dividual signing as plan administrator							

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

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## Short Form Annual Return/Report of Small Employee Benefit Plan

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2000

OMB Nos. 1210-0110 1210-0089

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		dance wit	h the instructions to the Form 5500	-SF.						
	Part I Annual Report Identification Information									
For		1/01/2	009 and ending		12/31/200	)9				
Α	This return/report is for:	multiple-e	employer plan (not multiemployer)	in (not multiemployer)						
В	This return/report is for: first return/report	final retur	n/report							
	an amended return/report	short plar	n year return/report (less than 12 mon	ths)						
С	Check box if filing under: X Form 5558	automatic	extension		DFVC progra	ım				
	special extension (enter description	on)								
Pa	rt II Basic Plan Information—enter all requested information	ation								
	Name of plan			1b	Three-digit					
	Northwest Venture Associates, LLC 401(k)	Plan			plan number (PN)	0.01				
			-	10	Effective date o	001				
				10	01/01/199					
2a	Plan sponsor's name and address (employer, if for single-employer Northwest Venture Associates	plan)		2b Employer Identification Number						
	110101111010 10110110 11000111000		-		(EIN) 91-194					
	114 W. Pacific Avenue			∠C	(509) 326 -	telephone number 1325				
	Suite 200		Ţ	2d	Business code	(see instructions)				
20	Spokane		WA 99201		523900					
Ja	Plan administrator's name and address (if same as Plan sponsor, e $_{\mathtt{same}}$	nter Sam	e")	3D	Administrator's	EIN				
				3с	Administrator's	telephone number				
4	f the name and/or CINI of the plan approach has about a discretify the least									
<b></b>	f the name and/or EIN of the plan sponsor has changed since the later name, EIN, and the plan number from the last return/report. Sponso	st return/re r's name	eport filed for this plan, enter the	4b EIN						
				4c	4c PN					
5a Total number of participants at the beginning of the plan year					1					
b Total number of participants at the end of the plan year										
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c					
ĥа						X Yes No				
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 550	0.						
7	Plan Assets and Liabilities	5.5.15	(-) B	T .						
-	Total plan assets	7a	(a) Beginning of Year 1,050,999		(b) End of Year					
	Total plan liabilities	7b	1,030,33	9 1,114,						
C	Net plan assets (subtract line 7b from line 7a)	7c	1,050,999	999 1,114						
8	Income, Expenses, and Transfers for this Plan Year	X 4335	(a) Amount	(b) Total						
а	Contributions received or receivable from:									
	(1) Employers	8a(1)	11,399	395						
	(2) Participants	8a(2)	1,500	)						
1_	(3) Others (including rollovers)	8a(3)		4	4. 1. 沙耳克。					
b	Other income (loss)	8b	223,62		<u> </u>					
C d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-		236,523				
u	to provide benefits)	8d	171,92	L						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	8f	1,420	5						
g	Other expenses	8g				<u> </u>				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				173,347				
į	Net income (loss) (subtract line 8h from line 8c)	8i				63,174				
Ĵ	Transfers to (from) the plan (see instructions)	8j		ו						

		Form 5500-SF 2009 Page <b>2-</b>							
Par	4 1\7								
		e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char  2E 2G 2J 2K 3D 2R 2F	acteris	stic Co	des in	the instri	uctions:		
b	If the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Cod	des in t	he instru	ctions:		
Part	V	Compliance Questions							
10	Dui	ring the plan year:		Yes	No		Amo	unt	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		Х				
С		as the plan covered by a fidelity bond?	10c	х					0 000
d	Did	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud							0,000
е		re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,	10d	-	Х		•	——	
-	ins	urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		х				
f		s the plan failed to provide any benefit when due under the plan?	10f		х				
g		the plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		X				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10g		x			<del>_</del>	
İ	lf 1	Oh was answered "Yes," check the box if you either provided the required notice or one of the septions to providing the notice applied under 29 CFR 2520.101-3	10i						
oart		Pension Funding Compliance	1	I					
11	ls th	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))	plete	Sched	lule SB	(Form	П	 Yes	X No
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code							X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							_
	gra	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- nting the waiver	th	, and e	nter th Day	e date o	f the lett Year	er ruli	ing ——
lf :	you (	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		,			
	b Enter the minimum required contribution for this plan year				12b				
		er the amount contributed by the employer to the plan for this plan year			12c				
a		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	□ N	0	N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year				13a				
b	We of t	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought he PBGC?	under	the co	ontrol			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	he pla	n(s) to	1				
1	3c(1	) Name of plan(s):	13c(2) EIN(s)			N(s)	13c(3) PN(s)		
			<del>                                     </del>			<del></del>			
Caut	ion.	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cai	ieo ie	establ	ichod	'		

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 HERE Signature of plan administrator

Date Enter name of individual signing as plan administrator

Jean J. Balek-Miner

Jean J. Balek-Miner

Bignature of employer/plan sponsor

Date Enter name of individual signing as employer or plan sponsor